

एक एग्रीकल्चर यूनिवर्सिटी है, उस को उद्यान विश्वविद्यालय का दर्जा देने के लिये कहा गया है। इसलिये हमारे यहां पर फोरेस्ट्री और हार्टिकल्चर की यूनिवर्सिटी बनाने का प्रबंध किया जाये। मैं मंत्री महोदय से यह जानना चाहता हूं कि क्या यह आप के दायरे में आता है कि हिमाचल प्रदेश को सरकार अगर यह तजवोज आप के पास भेजे, तो आप उस पर विचार करेंगी।

श्रीमती शोला कौल : यह सब तो एग्रीकल्चर मिनिस्ट्री से कन्सर्न है।

Primary Health Centres

*663. SHRIMATI VIDYA CHENNUPATI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the area covered in the country by the existing Primary Health Centres;

(b) whether these PHCs are adequate for the improvement of health of people in the rural areas and whether their working is satisfactory;

(c) whether there are any proposals to effect improvements in the working of PHCs and to expand them; and

(d) if so, details of the same?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI KUMUD-BEN M. JOSHI): (a) to (d). The existing Primary Health Centres or similar institutions cover the rural areas of the country. In order to increase the outreach of the existing Primary Health Centres and improve their effectiveness, the number of doctors, health supervisors and health workers and funds for purchase of medicines are being augmented. Community involvement is being secured and expanded and primary health care outreach is sought to be increased through

the training of a large number of Health Guides along with training of traditional dais. It is also proposed to have a Primary Health Centre for every 30,000 rural population in general and for every 20,000 population in hilly and tribal areas by the end of the century.

SHRIMATI VIDYA CHENNUPATI: The same answer was given by the Hon. Minister in 1981 December also. (Interruptions).

I would like to know from the Hon. Minister whether there is any proposal to send the Village Health Workers who undergo the training through the training programmes to the villagers in the rural areas who are living in the remote areas? Are you sending the Health workers to the remote villages or not?

The second point is: There is 20,000 population in the hilly areas and 30,000 population in the rural areas. The distance between village to village is 2 to 3 KMs. Is it possible for the PHC to send the Health Guides for 30 KMs distance to reach health care to the people who are living in the villages?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Perhaps the Hon. Member is puzzled to see that the answer given in December last is the same as given today. Hardly three months have elapsed. The Hon. Member should know that the facts do not change so fast and so much. There cannot be any difference.

(Interruptions)

The Hon. Member has now asked about the problems of the village people and of the health facilities to the rural areas. That is the reason why we have undertaken to expand the facilities of the health care to the village people by establishing a few more primary health centres and sub-centres. The sub-centres that will now be established will be getting 100 per cent assistance from the Centre.

SHRIMATI VIDYA CHENNUPATI: I would like to know whether there is any proposal from the Ministry to get the collaboration of voluntary organisations or of any organisations registered.

I would also like to know whether there is any proposal to start a few model Centres.

I would also like to know whether there is any proposal to enter into villages with the help of voluntary organisations in order to help the village people. Is there any proposal from the Ministry in this regard?

SHRI B. SHANKARANAND: It has been the policy of the Government to encourage voluntary organisations to come to the aid and assistance of the Government in providing health facilities and medical care facilities to the rural people and we have a scheme of helping the voluntary organisations. If any voluntary organisations are there in the mind of the Hon. Member let me know the facts and I will consider.

SHRI D. P. YADAV: Health is a State subject. The Union Government helps the State Government by sponsoring some Central Health Schemes.

I personally feel that instead of spreading the resources thinly, that is, from the Central sector which you are sending to the States, will you consider the strengthening of District Hospitals to an extent so that specialised facilities are developed in the District Hospital at the earliest

SHRI B. SHANKARANAND: As the Hon. Member has stated, health is a State subject. The District Hospitals also come under the administrative control of the State Government. As a matter of fact, we have been insisting on the State Government to strengthen the District Hospital and Centre is assisting them in this regard.

MR. SPEAKER: Next Question. Mr. Harish Kumar Gangwar... You have just missed the bus. The Question Hour is over.

WRITTEN ANSWERS TO QUESTIONS

Diversion of Coal allotted to U.P.

*652. **SHRI B. D. SINGH:** Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that the coal allotted for power stations in Uttar Pradesh is often diverted to other States;

(b) if so, what are the reasons for such diversion;

(c) is there any dispute of payment between UPSEB and Coal India Ltd.; and

(d) what steps Government propose to ensure the prompt supply of coal to the power stations in U.P.?

THE MINISTER OF RAILWAYS (SHRI P. C SETHI): (a) Yes, Sir. Diversions have to be done occasionally.

(b) The reasons for such diversions are either inadequate offer of coal, or unsatisfactory release of coal wagons by a power station, or refusal by a power station to accept rakes consigned to it on grounds of poor quality, or for difficulties in rail movement arising out of unforeseen circumstances like break-down of trolleys, breaches, accidents etc.

(c) There is some difference between UPSEB and Coal India Ltd., about payment arising out of UPSEB owing Coal India a sum of Rs. 19.90 crores as on 1-1-1982 out of which Rs. 11.66 crores are against the supplies and the