

[Shri Balkavi Bairagi]

Bill may brought forward so that the entire House gets credit for it from the people. The Government should give special attention towards those workers who manufacture bidis for the bidi smokers by leading a miserable life. I convey my thanks to you for giving me time to speak and convey my gratitude to the Member who brought this Bill.

17.29 hrs.

STATEMENT RE : GOVERNMENTS
DECISIONS ON THE REPORT OF THE
MEDICAL EDUCATION REVIEW
COMMITTEE

[English]

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI) : Sir, I place on the Table, the Report of the Medical Education Review Committee and also a Statement indicating the decisions of the Government on the recommendations of the Committee. The terms of reference of the Committee were as follows :—

[Placed in Library See No. LT 2609/86]

- (i) to review the current admission procedures (including entrance tests) and domiciliary restrictions for admissions to under-graduate and post-graduate courses and to make suitable recommendations separately, in regard thereto;
- (ii) to suggest measures aimed at bringing about overall improvement in the under-graduate and post-graduate medical education, paying due attention to;
 - (a) institutional goals;
 - (b) content, relevance and quality of teaching and training and learning settings; and

(c) evaluation systems and standards.

- (iii) to recommend the optimum duration of under-graduates and post-graduate courses of study separately;
- (iv) to examine the existing Internship programme and to recommend its future pattern;
- (v) to review the working of the Residency Scheme along with the Housemanship Programme and to make recommendations regarding a uniform pattern of post-graduate training;
- (vi) to examine the current requirement of Thesis or Dissertation as an essential part of post-graduate medical education and to make suitable recommendations in regard thereto; and
- (vii) to examine the feasibility of a period of service in the rural areas for medical graduates and post-graduates.

The committee was also asked to evolve realistic projections of medical manpower requirements.

The recommendations of the Committee were examined at great length by the Ministry. The developments which took place in the field of medical education subsequent to the receipt of the Report, have also been taken into consideration. I am also placing on the Table a Statement indicating briefly the recommendations of the Committee and the decisions of the Government on the recommendations. Most of the recommendations have been accepted. Some of the recommendations which are accepted would require to be implemented by various agencies such as the medical colleges, State Governments, Medical Council of India, other autonomous organisations involved in the field of medical education and the Central Government. In these cases action will be initiated in consultation

with the concerned bodies for the early implementation of the recommendations involving them. Certain recommendations are already under implementation and these would be scrutinised and reviewed to ensure adequate and full implementation. There are recommendations involving amendments to the Indian Medical Council Act, 1956. Action is under way in this regard. The far-reaching recommendations of the Committee relate to the establishment of Medical and Health Universities and setting up a Medical and Health Education Commission. The Central Government have accepted these recommendations in principle. However, the structure of these organisations, modalities of their operation, status and various other matters relating to their establishment and functioning would require to be examined before bringing them into existence. These would receive, however, immediate attention of the Ministry.

17.34 hrs.

HALF AN HOUR DISCUSSION

[Translation]

Technology Mission for Drinking Water

SHRI VIRDHI CHANDER JAIN (Barmer): Mr. Chairman, Sir, first of all I would like to convey my thanks to the hon. Minister that he has launched Management of Technology Mission For Drinking Water. Although they had launched the project on the 10th of March, yet the Project report which should have been presented on 31st of March, has not yet been presented to date. First of all I would like that the project report be presented so that some initiative may be taken in the matter.

Secondly, the problem of drinking water has not eased to-date in the country. Even after 38 to 39 years of independence we have not been able to solve this problem. This is a challenge for us.

There are desert areas in the country where one has to trudge 8 to 10 kilometres

to fetch drinking water and one member of the family is totally engaged for this chore. Because of the drinking water problem and the present situation, drinking water is being supplied to one thousand villages of the desert areas through tankers. Arrangement of drinking water is being made in 1050 villages. These are areas where the rainfall is hardly 5 or 6 inches and sometimes there is no rainfall at all. Similarly, in many villages of Rajasthan, no drinking water is available and in the desert areas it is not available at all. Water is supplied to these villages through pipelines upto 70 to 75 kilometers by installing tubewells. The cost of installing a tubewell comes to Rs. 2.5 lakhs. Your department has sanctioned several schemes under which each scheme costs Rs. 15 crores and covers 24 villages. In the Shigdari Panchayat Samiti there is a scheme from Mithura to Shigdari and the another one from Jogsar to Nausar in Barmer. The officers made a visit to the site and sanctioned the schemes of tubewells, each costing Rs. 1.5 crores. In this way the per capita cost works out to be quite substantial. An expenditure of Rs. 5 to 10 lakhs is incurred on water supply per village. This is the situation. We have to solve not only this problem but those of the country as well. The Central Government had provided full assistance to the Government of Rajasthan in the Sixth Five Year Plan. I convey my thanks to you for this. A sum of Rs. 64 crores was earmarked under the minimum needs programme. But we were provided Rs. 124 crores under A.R.P. which enabled us to implement our programmes. But the present situation is that by the end of the 6th Five Year Plan we have to ensure water supply in 10 thousand villages. There are 3700 such villages, the rest are hamlets in the group of 250 houses each. In this way water supply is to be made in 10 thousand villages.

Taking into consideration the acute problem in Rajasthan, that State was given the maximum assistance in the country in the Sixth Five Year Plan. From 1980 to 1984, Rajasthan received Rs. 76.57 crores and if the bonus amount of Rs. 7.50 crores is added the total amount comes to Rs. 84.7 crores which is the maximum vis-a-vis other States. Uttar Pradesh, West Bengal Bihar received Rs. 72.39 crores, Rs. 34.50