

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) to (c) Yes. The Cabinet had approved on 13.11.2013 for introduction of a course namely, Bachelor of Science (Community Health). The main objective of the proposed course is to create mid-level health professionals who would possess the necessary public health and ambulatory care competencies to serve the rural population and will primarily be deployed at Sub Centres. The curriculum of the course has been prepared after taking into consideration the views of various stakeholders. The proposal for B.Sc. (CH) has been prepared in consultation with MCI. The degree for the course will be awarded by the respective State Universities and it will be accredited by the National Board of Examinations (NBE) to ensure uniformity in the content and delivery of the course.

(d) and (e) A few associations including IMA have not welcomed the proposal. They have raised the following objections:

- (i) The course will produce substandard doctors who, due to compromised education and training at institutions with compromised infrastructure and teaching facilities, will be able to provide at best only compromised care to the rural masses.
- (ii) MCI stopped all Licentiate courses like LMP, LMS, LCPS, etc. created 2-years condensed course, then how can it contemplate a short term 3½ years course against its own charter.
- (iii) The course is going to produce half-baked inferior quality doctors who will lack confidence and credibility to lead the team of other health workers like Nurses having diploma (3½ years)/B.Sc. Nursing (4+1 years) or Pharmacist (4 years).

Diseases caused by arsenic pollution

†227. SHRI DARSHAN SINGH YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware of the fact that there is a rapid increase in diseases caused by arsenic pollution;
- (b) if so, whether Government is considering to take any concrete steps with the help of foreign health experts for eradication of diseases caused by arsenic pollution; and
- (c) if so, the details thereof ?

†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Prolonged drinking of arsenic contaminated water may lead to adverse health impacts. Such data is not collected routinely.

(b) and (c) The Health Ministry has asked the States to start collecting information on the extent/prevalence of arsenic related health disorders with a view to assist them by initiating preventive, curative, and control measures to protect public health.

Encephalitis disease in Bihar

†228. DR. ANIL KUMAR SAHANI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that cases of encephalitis disease have been on rise in Muzaffarpur district in Bihar over the past few years;

(b) if so, the number of children died so far;

(c) the details of steps being taken by Government to prevent it; and

(d) whether monetary assistance is being provided to the affected families?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Year-wise JE/AES cases and deaths as reported by the Government of Bihar for the district Muzaffarpur are as given below:

Year	Cases	Deaths
2011	151	54
2012	461	174
2013	135	40
2014 (up to 2.7.2014)	693	86

A total of 86 children have died due to encephalitis/AES in 2014 (up to 2.7.2014).

(c) The Government of Bihar has strengthened surveillance, early detection and referral of cases in addition to improving the health infrastructure at SKMC Hospital and District Hospital, Muzaffarpur. Extra ambulances and doctors from other districts were deployed at block PHCs and mobile medical units were also set up to pick up patients from interior villages for transfer to the hospital. Pediatric departments of SKMC Hospital and District Hospital, Muzaffarpur were strengthened by setting up separate ICU and encephalitis ward. In addition to IEC activities, ASHAs and Anganwadi workers have also been involved to increase awareness and for identifying fever cases and early referral to nearest health institutions.

The Central Government have launched a multi-pronged strategy to tackle JE/AES

†Original notice of the question was received in Hindi.