

"World Population Day" which was observed on 11-7-1993; and

(c) what budgetary provision have been made in current financial year as well as during the Eighth Five Year plan period for family planning programmes in the country particularly in Delhi with a population density of 6352 persons per sq. Metre?

THE MINISTER FOR HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) The total population of India as on 1.7.1993 is 83.9 million. The total population as enumerated in 1971, 1981 and 1991 Censuses is as follows;

Census Year	Population (in million)
1971	548.2
1981	683.3
1991	846.3

Based on the estimates of Sample Registration System of Registrar General, India, available for the major States for 1990, Kerala has the lowest family size with total fertility rate of 1.9, whereas Uttar Pradesh has the highest family size with total fertility rate of 5.2.

(b) Several programmes were organised by the Centre, State and U. T. to promote awareness.

(c) An allocation of Rs. 6,500 Crores has been made for the implementation of Family Welfare Programme during the Eighth Five Year Plan. Budgetary provision made for 1993-94 at All India level and for Union Territory of Delhi are Rs 1270,00 Crores and Rs. 6.75 CMRS respectively.

Preparation of modules for family Planning Programme for

305. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Institute of Health and Family Welfare has prepared six models pertaining to family planning programmes as reported in the Hindustan Times dated the 14th July, 1993;

(b) if so, the details thereof and whether such models have been developed and supplied to Rajasthan and Orissa States for their Family Planning Programmes; and

(c) what are the names of the other Indian and Foreign Institutes which have collaborated for the preparation of models?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Yes, Sir. The six models prepared are:

- (i) Consequences of Rapid Population Growth.
- (ii) Cost Benefit Analysis of Family Programme in India.
- (iii) Family Welfare and Health Planning Model.
- (iv) Resource Allocation Model.
- (v) Role of Birth Spacing Methods and
- (vi) Strategy Options Model.

Out of these Models, (iv.) & (vi) are still to be finalised. Eight sets of slides of Models (i) and (ii) software and user's guide of model (iii) have been supplied to the Government of Rajasthan. No such exercise has been taken up of Orissa.

(c) Apart from the National Institute of Health and Family Welfare the collaborators are the International Institute for Population Sciences, Bombay, Research Triangle Institution, Research Triangle Park, (North Carolina, USA and the Futures Group, Washington, DC, USA.

Expansion of acupuncture in Hospitals.

306. SHRI SANGH PRIYA GAUTAM:
DR. NAUNIHAL SINGH

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the details of technique of acupuncture used in the treatment of patients;

(b) what are the details of advantages and disadvantages of acupuncture;

(c) whether Government propose to expand acupuncture system in various hospitals of the country, if so, the details thereof; and

(d) what are the details of hospitals in which acupuncture has been established?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARANAND): (a) and (b) Acupuncture is a traditional Chinese therapy practiced by inserting needles at different parts in the body the treatment is reported to be advantageous in providing relief from pain but is contra-indicated in certain conditions.

(c) No Sir.

(d) information is not available.

Research on treatment of drug resistance diseases

307. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that a multi-drug resistant tuberculosis strain has developed, the treatment of which is extremely expensive, even in the U.S. whether it has developed;

(b) whether Government have initiated any research to develop/market any new indigenous drug for the treatment of such drug resistant diseases; and

(c) if so, what are the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARANAND): (a) Yes, Sir.

(b) and (c) The Indian Council of Medical Research have reported that in

India, most strains with drug resistance are sensitive to Rifampicin and hence the short course regimens are still effective. There is, therefore, no need for newer anti-tuberculosis drugs in India at present.

Expenditure on an in-patient per day in Government Hospitals

308. DR. YELAMANCHILI SIVAJI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the allocation/expenditure on an in-patient per day in Government hospital's; and

(b) What are the details thereof some wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARANAND): (a) and (b) Information is being collected and will be laid on the table of the House.

Admission in private medical and dental colleges

309. DR. YELAMANCHUJ SIVAJI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that private medical and dental colleges in different States are not admitting students, since abolition of capitation fees;

(b) if so, what are the details thereof; and

(c) what steps are likely to be taken to overcome this problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARANAND): (a) to (c) No such report has come to the notice of the Government except in Karnataka State where some reservation to the new fee structure has been expressed. However, the admission process has yet to commence and the State Government is seized of the matter.