

(ii) A Development Credit Agreement for the National Leprosy Eradication Programme for an amount approximately equivalent to Rs. 302 crores from the World Bank has been signed on 4th February 1994.

(iii) Agreed minutes of Final Negotiations for obtaining financial assistance for the National Programme for Control of Blindness for Rs. 554 crores have been signed with World Bank on 1st February, 1994.

(iv) The World Bank preparatory Mission has recommended a TB Control Project for implementation in five States and ten metropolitan cities and the project report is under finalisation. A pre-appraisal mission from the World Bank is expected in the next few months.

(v) In order to intensify the anti-malaria activities, a Task Force was appointed by the Government of India in 1992. Detailed data and statistics have been collected by the Directorate of the National Malaria Eradication Programme for preparing the Project document.

(vi) A Health Systems Project in Andhra Pradesh to upgrade secondary level hospitals has been posed to World Bank for financial assistance with an estimated expenditure of about U.S. \$180.00 million. Discussions with the Pre-appraisal mission have been completed successfully.

Therefore the question of delay in the release of funds in respect of these projects does not arise at all.

#### Population and Development

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

(a) whether Government's attention has been drawn to the news-item which appeared in the Hindustan Times of 4th February, 1994 quoting that about 360 million couples have access to family

planning services whereas 120 million couples do not and that nearly half a million women die of pregnancy-related causes in the Indian sub-continent and sub-saharan Africa; and

(b) if so, what concrete draft programme of action Government of India propose to place before the ensuing International Conference on Population and Development, 1994 to be held in Cairo and at the Final Preparation Committee III meeting to be held in New York in April, 1994, keeping in view India's needed development as well as environmental policies and the present available resources for the purpose with details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) These figures pertain to global levels.

(b) India would emphasize at the Conference the importance of interlinkages between high rates of population growth, poverty, underdevelopment and sustained economic growth. The international community must increase the flow of concessional financial resources for promoting economic growth and development particularly of low income developing countries.

#### दि टेलीग्राफ में प्रकाशित समाचार

271. श्रीमती सरला माहेश्वरी:

श्री वी० नारायणसामी:

श्री विशम्भर नाथ पांडे:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का ध्यान दिनांक 6 फरवरी, 1994 के "दि टेलीग्राफ" में "वूमस् रिमूव्ड फ्रॉम रिटाईड वूमैन" शीर्षक से प्रकाशित समाचार की ओर दिलाया गया है, यदि हां, तो इसमें कितनी सच्चाई है;

(ख) इन महिलाओं के साथ ऐसा कृत्य करने वाले व्यक्तियों के विरुद्ध क्या कदम उठाए गए हैं; और

(ग) क्या सरकार ने देश के अन्य भागों में भी इसी प्रकार की हो रही घटनाओं के बारे में जानकारी प्राप्त की है?

**स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानंद):** (क) जी, हाँ।

(ख) और (ग) उपयुक्त कार्रवाई करने के लिए इस संबंध में सूचना प्राप्त करने हेतु प्रयास किए जा रहे हैं।

### बाल रोगों की रोकथाम

272. श्री राम नरेश यादव: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या बाल-रोगों की रोकथाम संबंधी कोई योजना मंत्रालय के विचारधीन है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ख) ग्रामीण क्षेत्र में अवस्थित स्वास्थ्य-केन्द्रों पर बच्चों के इलाज के लिए शोध पर्याप्त मात्रा में औषधियाँ उपलब्ध करने के लिए क्या प्रयास किए जा रहे हैं?

**स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानंद):** (क) शिशु जीवन रक्षा और सुरक्षित मातृत्व कार्यक्रम के अन्तर्गत बच्चों में होने वाली आम बीमारियों के कारण बच्चों में होने वाली रुग्णता और मृत्यु की रोकथाम के लिए टीकाकरण, विटामिन "ए" की कमी की रोकथाम के लिए रोग निरोधन, अतिसार रोगों और न्युमोनिया का उपचार और नवजात शिशुओं को अनिवार्य परिचर्या प्रदान की जा रही है।

(ख) इस कार्यक्रम के अन्तर्गत वर्ष में दो बार उपकेन्द्रों को औषध किटे प्रदान की जा रही हैं जिसमें आइसन और फॉलिक एसिड की गोलियाँ, विटामिन "ए" का घोल, ओ आर एस के पैकेट और न्युमोनिया के उपचार के लिए एण्टिबायोटिक्स शामिल हैं। ये औषध-किटें, औषधों की खरीद के लिए भारत सरकार द्वारा प्रदान किए गए 2000/- रुपये प्रति उपकेन्द्र प्रति वर्ष के अलावा हैं।

### Incentives to strengthen Family Planning Programme

273. SHRI IQBAL SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the details of incentives worked out by Government to strengthen family planning programme;

(b) what is the present rate of growth of population per annum State-wise/ union territory-wise; and

(c) what concrete steps are being taken to control the population of the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) In order to compensate for the loss of wages, each compensation of Rs. 100/- to the acceptors of Tubectomy/Vasectomy is given at present by the Central Government. Central Government employees (within the specified age limits) having one, two or three children who undergo sterilisation are also entitled to one special increment in the form of personal pay not to be absorbed in future increase of pay. Other incentives provided to Central Government employees are:-

(i) 1/2% rebate on rates of interest on House Building Advance, and

(ii) Special Casual Leave upto seven days in respect of male employees and 14 days in respect of female employees who undergo sterilisation after two to three children.

(b) A statement is annexed. (See below)

(c) A result oriented Action Plan has been formulated in consultation with the State Governments and Union Territories Administrations. Its key features include improving the quality and outreach of services, promotion of spacing methods among younger age couples, special focus on 90 lagging districts to improve their demographic parameters and involving voluntary and non-governmental