- (b) when these concessions were withdrawn and what are the reasons therefor; and
- (c) by when they are likely to be restored and liberalised'.'

THE MINISTER OF RAILWAYS (SHRI A. B. A. GHANI KHAN CHOUDHURY): (a) Earlier to December, 1981, 15 per cent concession in first class and per cent concession in second class was being allowed to sportsmen participating in toil.

and meets sponsoredjheld by recognised National Sports Federations and affilliated state Associations.

- (b) After December, 1981, the scales of concession etc. were revised based on the recommendation of Rail Tariff Enquiry Committee
- (c) However, these have been liberalised to a large extent since March, 1982. and the concession in second class as available earlier to December, 1981 is now in vogue.

## Nursing home in Delhi

188. SHRI VISHWA BANDHU GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

whether Government arc aware that the DDA has issued notices to stop the working of nursing homes in private colonies in Delhi; and

(b) whether Government are making alternate arrangements to make it possible for citizens of Delhi to have medical facili-n their neighbourhood?

THE DEPUTY MINISTER IN THE . MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI); (a) The DDA have informed 'that Nursing Homes in residential areas have been issued notices for not conforming to the provision of the Master Plan for Delhi|Zonal Development Land.

(b) Delhi Administration have started construction of 500 bedded hospitals, one

each in Harinaga,- and Shahdara. Three hospitals with 100 beds each are also proposed to be constructed te Mangolpuri, Khichripur and Jaffarpur.

## Steps to Augment Primary Health Care Facilities.

189. SHRI VISHWA BANDHU GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state what steps Government have taken to augment universal primary health care facilities and control of rosy, T.B. and blindness in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): Ii is proposed to augment facilities Cur Primary health care in rural areas by provid

- (i) One Health Guide (in States im] menting the scheme) and at least one trained dia in every village/for every 1000 population by the end of VI plan period.
- (ii) One sub-centre with one male and one female multi-purpose worker for every 5000 rural population in general and for every 3000 population in hilly and tribal areas by the end of VII plan.
  - (iii) One Primary Health Centre for every 30000 population in and every 20000 population in tribal arm I; areas and one Community Health Centre for every one lakh of population in phased manner by 2000 AD.
- 2. Government have established lep rosy control units'centres both in rural and urban areas for early det tction of cases and for their regular treatment. More effective drugs like Rifampicin and Clofazimine have also been introduced for free treatment of leprosy patient, through district-wise campaigns and through indoor hospitals.
- 3. Fully equipped and staffed district TB Centre are established in each District