

tes during that year. High mortality rates were found in the urban and rural areas of Uttar Pradesh and rural areas of Rajasthan, West Bengal, Madhya Pradesh and Bihar.

The expanded Programme on Immunization was started in 1978, one of the

objectives of which is to control the morbidity and mortality due to tetanus by providing vaccination service to all eligible children and pregnant women by 1990. Reported vaccination performance of pregnant women for the control of neonatal tetanus since 1979-80 is given\* below:

*Reported number of pregnant women vaccinated (in lakhs) with TT*

1979-80	1980-81	1981-82	1982-83	1983-84*	*upto Dec. Figures are provisional.
47.5	52.8	65.5	74.92	52.9	

It is proposed to cover 130 lakhs pregnant women in 1984-85.

Improvement of delivery services with increased number of trained birth attendants is another major activity undertaken, in this regard.

#### **Increase in food adulteration cases in Delhi**

1088. SHRI SATYA PAL MALIK:  
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the problem of food adulteration has been on the increase in the capital and that the existing machinery has failed to combat the menace;

(b) whether Government have critically examined the working of the Department of Prevention of Food Adulteration and the existing law with a view to removing the inadequacies if any, to effectively tackle the menace which has been playing havoc with public health; and

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

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) to (c) It is not correct to say that the existing machinery for enforcement of the provisions of the Prevention of Food Adulteration Act has failed to tackle the problem. The Enforcement Branch of the Delhi Adminls-

tration responsible for implementation of PFA Act and Rules has been strengthened. For supervising the work of Food Inspectors, five posts of Local (Health) Authorities and five posts of Assistant Local (Health) Authorities have been sanctioned. Pending recruitment of suitable incumbents, three doctors of Maulana Azad Medical College, six S.D.Ms., Land Acquisition Collectors and Executive Magistrates have been notified as Local (Health) Authorities. The raids conducted under the supervision of Local (Health) Authorities have led to the detection of larger number of cases of food adulteration.

#### **Percentage of Plan outlay for Health**

1089. SHRI SUKOMAL SEN; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of Plan outlay for Health in each Five Year Plan period from the First Five Year Plan to the Sixth Five Year Plan, plan-wise; and

(b) how Government propose to fulfil the commitment "Health for All by 2000 AD"?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) Plan-wise percentage of Health Plan Outlay to total Outlay for

all Sectors from 1st Five Year Plan to 6th Five Year Plan is as follows:—

Plan Period	% of Health Outlay to total Outlay
1st Plan (1951—56)	4.6
2nd Plan (1956—61)	3.1
3rd Plan (1961—66)	2.4
4th Plan (1969—74)	2.7
5th Plan (1974—79)	1.7
6th Plan (1980—85)	1.8

(b) The goal of 'Health for All by 2000 AD' is sought to be achieved by providing better primary health and medical care services in rural | tribal areas, urban slums etc.

In formulating future Plans and Programmes, the States|UTs are required to devote special attention to organising and providing a minimum package of services covering different aspects of Health Care.

#### **Eradication of Leprosy in Orissa**

1090. SHRI B. C. PATTANAYAK:  
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what specific steps Government have proposed to take for the eradication of leprosy in Orissa during 1984-85; and

(b) the details thereof?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) and (b) The following additional Services are proposed to be provided during 1984-85 to Orissa under National Leprosy Eradication Programme:

(a) Upgradation of Leprosy Control Unit—One.

(b) Temporary Hospitalisation Ward—One

(c) Non-Medical Supervisor—Four

One more hyperendemic district is proposed to be covered under Multi-Drug Regimen Project under the Programme.

Food for Cure programme is to be started in the State to encourage the infectious leprosy patients to continue the treatment.

#### **Issue price of imported edible oils in State,**

1091. SHRI SURAJ PRASAD:

SHRI YOGENDRA SHARMA:

Will the Minister of FOOD AND CIVIL SUPPLIES be pleased to state:

(a) whether it is a fact that the Central Government have stepped up the monthly allotment of imported edible oils to States for distribution through fair price shops;

(b) if so, the monthly allotment made to each State|Union Territory during the year;

(c) whether the issue price of such oils differs from State to State; and

(d) if so, the details thereof and the reasons therefor?

THE DEPUTY MINISTER IN THE DEPARTMENT OF ELECTRONICS AND IN THE MINISTRY OF FOOD AND CIVIL SUPPLIES (SHRI M. S. SANJEEVI RAO): (a) Yes, Sir.

(b) A statement is attached [See Appendix CXXIX, Annexure No. 37].

(c) and (d) The Central Government supply imported edible oils to all State Governments at a fixed price of Rs. 8,500/- per tonne in tins and Rs. 7,000/- per tonne in bulk. The State Governments are allowed to add handling and other incidental charges local taxes. If any, and distribution cost to it. The issue price of imported edible oils under Public Distribution System thus differs from State to State.