

being spent on the staff for training and whether the Government propose to announce policy measures to curb this tendency of exodus if it is at all there.

CAPT. SATISH KUMAR SHARMA:
This issue should be looked at in the over-all context. What is going to happen is, as I see it, that some of our employees who have left the country and joined other undertakings outside the country, when they find that in our country private refineries are coming up and other private companies are coming up, they will come back to our country and thus there will be a reverse exodus. That is what is going to happen not only in the petroleum sector but it is happening in the aviation sector also. When the private airlines started, Indian Airlines pilots left, joined the private airlines, because the monetary benefits are better and the salaries were better. So, I mean it is just our own market-place which is expanding. This is a very healthy sign. There is nothing to be worried about. The training costs which are being incurred by the public undertakings are, either directly or indirectly, helping the industry and the country.

As regards the exact figures that the hon. Member has asked for, I can collect them and pass them on to him.

[*Translation*]

SHRI SHANKER SINGH VAGHELA: Mr. Speaker, sir, the hon. Minister has stated that there is nothing to worry about, but the Government spends so much amount on their training and they resign after 15 to 20 years of service. Will the Government therefore, consider to stop their pension and to recover the amount spent on their training? What conditions will be imposed or what benefits will be given to stop these officials from leaving their jobs?

[*English*]

CAPT. SATISH KUMAR SHARMA:
Each public sector undertaking has its own rules and regulations which govern whether and in what category which employee can resign. As I understand, in a few of these resignations which are taking place, there is very little which the public sector undertakings could do as per their rules. We can review the rules. We can overlook some of the rules. We can do all this if the exodus has begun. It is not there. If the exodus does take place, then the question of reviewing the rules and regulations of various public sector undertakings comes in.

Leprosy Hospitals

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*302. **SHRI ARVIND TRIVEDI:**
SHRI BIR SINGH MAHATO:

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

(a) the number of leprosy hospitals functioning in each State and number of these hospitals opened during 1992-93;

(b) the assistance provided by the Union Government to these hospitals during 1992-93;

(c) whether any foreign assistance has been provided to these hospitals; and

(d) if so, the amount of assistance provided during 1991-92 and 1992-93?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) to (d) A Statement is laid on the Table of the House.

(a) Under the National Leprosy Eradication Programme, domiciliary treatment of leprosy patients is encouraged. However, for treatment of

complicated cases, 20-bedded temporary hospitalisation wards (THW) have been provided in selected district level hospitals in various States/UTs as follows:

STATEMENT

Sl. No.	Name of the State/UT		Number of THWs as on March, 1993
1.	Andhra Pradesh	-	53
2.	Arunachal Pradesh	-	1
3.	Assam	-	5
4.	Bihar	-	29
5.	Goa	-	1
6.	Gujarat	-	9
7.	Haryana	-	-
8.	Himachal Pradesh	-	1
9.	Jammu & Kashmir	-	2
10.	Karnataka	-	22
11.	Kerala	-	5
12.	Madhya Pradesh	-	14
13.	Maharashtra	-	23
14.	Manipur	-	1
15.	Meghalaya	-	2
16.	Mizoram	-	1
17.	Nagaland	-	2
18.	Orissa	-	11
19.	Punjab	-	1
20.	Rajasthan	-	4
21.	Sikkim	-	1
22.	Tamil Nadu	-	52

Sl. No.	Name of the State/UT		Number of THWs as on March, 1993
23.	Tripura	-	1
24.	Uttar Pradesh	-	17
25.	West Bengal	-	30
26.	A & N Island	-	1
27.	Chandigarh	-	-
28.	D & N Haveli	-	-
29.	Daman & Diu	-	-
30.	Delhi	-	1
31.	Lakshadweep	-	-
32.	Pondicherry	-	1
Total			291

No such facilities have been established during 1992-93.

(b) During the year 1992-93, Central Government have released cash assistance of Rs. 13.48 crores to States/UTs for implementation of N.L.E.P. inclusive of expenditure on THWs.

(c) No, Sir.

(d) Does not arise.

[Translation]

SHRI ARVIND TRIVEDI: Mr. Speaker, Sir, I have not got proper reply to my question. In the statement, information regarding temporary hospitals has been given but I would like to know about the number of permanent leprosy hospitals functioning and I would also like to know as to whether there are some research centres also working for leprosy eradication and whether the foreign assistance received for it is being utilised or not?

[English]

SHRI PABAN SINGH GHATOWAR: After the introduction of the Multi-Drug Treatment in the case of leprosy patients, there is a great improvement in the treatment of leprosy cases in our country. The policy of the Government is to treat the leprosy patients on the spot, in the village, in the community so that they can live with their family and get the treatment. Previously, a life-time treatment had to be given to the leprosy patients. Now it can be cured early. It is being cured within six months to two years after the Multi-Drug Treatment is given. It is curable. Even after this, the scientific research has proved that after one dose, the infectiousness of the patient is decreasing substantially and he can easily live with the family members. We are encouraging the leprosy patient to live with the family members. Previously, there used to be isola-

tion ward for the leprosy patients. They had to live isolated from the community also. Now that is not the case.

[*Translation*]

SHRI ARVIND TRIVEDI: Mr. Speaker, sir, even after leprosy patients are cured, society does not accept them and there is no plan for their rehabilitation. I would like to know whether the Government can provide any assistance for their housing and employment, so that they could avoid the hatred of the society?

[*English*]

SHRI PABAN SINGH GHATOWAR: The policy of the Government is to treat the patient within the family, within the village. The rehabilitation part of the leprosy patient is looked after by the Social Welfare Ministry. The Health Ministry looks after the treatment part of it.

SHRI MRUTYUNJAYA NAYAK: In the city of Delhi and everywhere in places of public importance and even in the institutions also, there has been the problem of the movement of the leprosy patients which is causing a serious situation. I would like to know whether the Government has got any such proposals to open more hospitals or institutions to provide relief and rehabilitation to the leprosy-affected people; whether the Government is going to consider opening of more hospitals in Delhi.

SHRI PABAN SINGH GHATOWAR: The question of opening of more hospitals for the lepers does not arise because we give much importance to identifying the patients and to give treatment in the community itself.

[*Translation*]

KUMARI UMA BHARTI: Mr. Speaker, sir, the number of leprosy patients is increasing continuously in some areas of Madhya Pradesh and Uttar Pradesh. Through you, I would like to know from the hon. Minister as to whether the Central Government would send any investigation team to ascertain the reasons for this increase? In both these States, the number of leprosy patients is quite high and it includes both the districts of my Lok Sabha Constituency.

[*English*]

SHRI PABAN SINGH GHATOWAR: We are working in collaboration with the State Governments. For extending and intensifying the leprosy programme in our country, we are negotiating a scheme with the World Bank to build up the infrastructure and intensify the treatment facility among the lepers in more districts of our country.

DR. C. SILVERA: Besides the Government-run hospitals, isolation wards, how many private hospitals or dispensaries run, for example, by the mission are there in the country to look after the leprosy cases? Is any assistance given to these private organisations? If not, is the Government contemplating to give any assistance to these private organisations?

What is the national target to eradicate leprosy in the country?

SHRI PABAN SINGH GHATOWAR: It is a fact and all the hon. Members know that the movement or the treatment of leprosy patients in our country was started by the Father of the Nation. The contribution of the voluntary organisations is this

regard is indeed very good. Voluntary organisations are working very well and they are serving the suffering humanity in a very splendid way. Voluntary organisations have organised themselves in their way. Most of them are not coming to the Government for help. If and when they come to the Government for help, definitely the Government will consider their proposals. (*Interruptions*)

DR. C. SILVERA: What is the national target to eradicate leprosy? (*Interruptions*)

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): It is not the Government alone which is working for the leprosy eradication programme, but there are large number of voluntary organisations also who are working for this programme like the Tapovan in Maharashtra. And all those who are the committed followers of Gandhiji and also a larger number of people have committed their lives only for the service of the leprosy patients. The Mission Hospital and Christian Missionaries are doing yeoman's service in this country as also the Hind kuth Nivaran Sangh, of which the Rashtrapati is the President. These are the various organisations working for the eradication of leprosy in this country. But the concept today is a new one. It is not to build new hospitals but to treat them in the existing hospitals itself. The traditional treatment which was meted out to the leprosy patients by the society is changing. Leprosy patients were excommunicated; they were not allowed to stay in their village in their homes. Now the concept is changing. It is a disease which is as infectious as any other infectious disease which can be cured like any other infectious disease. People are changing their ideas and now treatment is given at home. (*Interruptions*)

[*Translation*]

SHRI DAU DAYAL JOSHI: Mr hon. Minister it is not an infectious disease.

[*English*]

Central Adoption Resource Agency

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*303. SHRI RAM PRASAD SINGH:
SHRI MANJAY LAL:

Will the Minister of WELFARE be pleased to state:

(a) the date from which the Central Adoption Resource Agency (CARA) is functioning in the country;

(b) the number of children benefited through CARA during the last three years, State-wise;

(c) whether any Central sector scheme for promoting in-country adoption has been approved for implementation;

(d) if so, whether the modalities to implement the scheme have been finalised;

(e) if so, the details thereof; and

(f) the funds earmarked for the said scheme for the Eighth Five Year Plan?

THE MINISTER OF STATE IN THE MINISTRY OF WELFARE (SHRI K.V. THANGKABALU: (a) to (f) A statement is laid in the table of the House.

STATEMENT

Itemwise Reply

(a) The Central Adoption Resource Agency (CARA) was set up by the