

5. In collaboration with the Ministry of Education, schemes have been evolved for giving short in-service orientation training to the teachers as well as to introduce subjects of health and nutrition education in the syllabii of teachers training institutions. This is being pursued with the State Governments.

6. Syllabii in health education for schools have been finalised and sent to the States and Union Territories for implementation.

7. Provision of midday meals in schools which is also another aspect of the school health programme is already receiving attention. Nearly 91 lakhs of children receive mid-day meals in the schools. The Ministry of Education has planned to expand the programme further.

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**STRIKE BY BANK EMPLOYEES  
 AGAINST BANKING (AMENDMENT)  
 BILL**

2622. SHRI S. M. BANERJEE :  
 SHRI GANESH GHOSH :

Will the Minister of FINANCE be pleased to state :

(a) whether All India Bank Employees Association has given a call to all bank employees to observe token strike on the 28th February, 1968 against the proposed Banking (Amendment) Bill;

(b) if so, whether negotiations were held with the representatives and the result thereof ; and

(c) if not, the reasons therefor?

**THE DEPUTY PRIME MINISTER  
 AND MINISTER OF FINANCE (SHRI  
 MORARJI DESAI):** (a) Yes, Sir.

(b) No, Sir.

(c) No negotiation took place as the strike was not in respect of any dispute between the employers and the employees but against certain amendments to the Banking Regulation Act, 1949 proposed by Government.

**T.B.**

2623. SHRI CHANDRA SHEKHAR SINGH : Will the Minister of HEALTH, FAMILY PLANNING AND URBAN DEVELOPMENT be pleased to state :

(a) whether tuberculosis continues to be a serious problem in India despite Go-

vernment measures to combat the disease; and

(b) if so, the further steps which Government propose to take to fight this disease ?

**THE DEPUTY MINISTER IN THE  
 MINISTRY OF HEALTH FAMILY  
 PLANNING AND URBAN DEVELOP-  
 MENT (SHRI B. S. MURTHY):** (a)  
 Yes.

(b) Government have already undertaken a special programme to fight the menace of T.B. throughout the country and this is being expanded from year to year. The principal features of the scheme are :

- (1) District T.B. programme has been evolved to provide diagnostic and treatment facilities to the rural population through Primary Health Centres and rural dispensaries under the supervision of the district T.B. clinic. The main stress is on the diagnosis of infectious cases so that the transmission of infection can be reduced.
- (2) Establishment of T.B. clinics in each district. Out of 502 T.B. clinics now operating, 155 have been fully equipped and staffed with trained personnel, and are undertaking District wide T.B. programme.
- (3) Integration of T.B. service with all health services so that patients are detected/diagnosed by microscopic examination at Primary Health Centres and dispensaries.
- (4) 15 T.B. Training and Demonstration Centres are operating at the headquarters of major states. These Centres are intended to conduct demonstrable district T.B. programmes for the area and train the basic workers required for the T.B. Programme by the States. The key personnel for district T.B. clinics and for developing suitable T.B. Control and assessment methods are trained at the National Tuberculosis Institute, Bangalore. Near