

vate sector agencies and use the Directorate of Audio-Visual and publicity?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI P. C. SETHI): (a) No, Sir,

(b) The question of release of advertisement was not one of the subjects discussed at the Conference on Public Relations in Public Undertakings held in June, 1969.

(c) and (d). The Ministry of Information and Broadcasting have issued general guidelines in regard to the selection of advertising agencies and also in regard to the increased use of Indian language newspapers by the Public Undertakings. These guidelines have been addressed to all the Ministries in control of Public Sector Undertakings so that they may be brought to the notice of the undertakings under their control to follow.

Expenditure on Birth Control

4799. SHRI ABDUL GHANI DAR:
SHRI BENI SHANKER
SHARMA:

Will the Minister of HEALTH AND FAMILY PLANNING AND WORKS, HOUSING AND URBAN DEVELOPMENT be pleased to state:

(a) how much amount Government spent on birth control schemes in the last three years, year-wise, also the percentage of increase in each year along with total births taken place in each year; and

(b) the shortcomings and the steps envisaged to deal with them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY PLANNING AND WORKS, HOUSING AND URBAN DEVELOPMENT (DR. S. CHANDRASEKHAR): (a) The following amounts were spent by the Government of

India on the Family Planning Programme during the last three years:—

| Year | Amount spent (Rs. in lakhs) | Percentage increase over the previous year. |
|---------|-----------------------------|---|
| 1966-67 | 1342.61 | 107.9 |
| 1967-68 | 2553.47 (estimated) | 90.2 |
| 1968-69 | 3550.49 (estimated) | 39.0 |

The total number of registered births in 1966 as reported so far was 83,73,651. The data relates to 16 States and 9 Union Territories and excludes Nagaland, Manipur and N.E.F.A. Figures for Rajasthan and Orissa relate to Urban areas only.

The data for the years 1967 and 1968 is incomplete as the information is outstanding from many States and Union Territories.

(b) The programme has made considerable progress during these years. However, among the main shortcomings have been inadequate organizational built-up at various levels owing to shortage of medical and para-medical staff and their resistance to work in rural areas, inadequate training in case of existing staff, insufficient development of motivational and educational efforts in different States, inadequate mobility in motivation, supplies and services, difficulties in supplies of certain categories of contraceptives, non-availability of simple and ideal contraceptive with no side effects, insufficient evaluation on a continuing basis, considerable lag in consciousness and acceptance of the programme, etc. Various steps to deal with most of these shortcomings have been taken and more are envisaged. Family Planning Programme has been made a centrally sponsored scheme and 100% assistance for the programme has been assured to the States for a period

upto 1973-74, thus removing financial bottlenecks for putting up organizational set up at various levels. Increasing mobility is being introduced through additional vehicles. 48 Central and State Training Institutes have been set up, besides providing training through field units to expedite training of personnel. The services are being extended by opening more family welfare planning centres and sub-centres. Adequacy of supplies of conventional contraceptives has been assured and a public sector undertaking has been set up in the country so that dependence on imports may no longer be necessary. Evaluation machinery is being augmented by setting up demographic and evaluation cells in the States. New schemes which have been undertaken include intensive district and selected areas programme, post-partum programme, training of Homoeopaths and practitioners in indigenous systems of medicines, provision for immunization and nutrition, thus integrating maternity and child health with family planning, spreading the message of family planning through massive mass media.

Medical Expenses of Ministers

4800. SHRI ABDUL GHANI DAR: Will the Minister of HEALTH AND FAMILY PLANNING AND WORKS, HOUSING AND URBAN DEVELOPMENT be pleased to state the total expenditure on medical aid given to the then Ministers, in 1958, 1963 and 1968 each year and the number of Cabinet Ministers, State Ministers and Deputy Ministers in each year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY PLANNING, AND WORKS, HOUSING AND URBAN DEVELOPMENT (SHRI B. S. MURTHY): A statement is laid on the Table of the House. [Placed in Library. See No. LT-1812/69].

Production of Coal, Copper and Manganese

4801. SHRI ABDUL GHANI DAR: Will the Minister of PETROLEUM AND CHEMICALS AND MINES AND METALS be pleased to state:

(a) the total production of Coal, Copper and Manganese in the country each year during the last three years;

(b) whether we achieved targets; and

(c) how much increases we made in the foreign exports each year and how much foreign exchange was earned each year?

THE MINISTER OF STATE IN THE MINISTRY OF PETROLEUM AND CHEMICALS AND MINES AND METALS (SHRI JAGANATH RAO): (a) The total production of Coal, Copper metal and Manganese Ore in India during 1966, 1967 and 1968 is as follows:—

(Quantity in tonnes)

| Name of Mineral | 1966 | 1967 | 1968 |
|-----------------|------------|------------|------------|
| Coal | 67,973,000 | 68,210,000 | 71,108,000 |
| Copper | 9,333 | 8,718 | 9,183 |
| Manganese | 1,710,480 | 1,616,992 | 1,602,315 |

(b) In respect of Coal as compared to targets, there was shortfall in production ranging from 2 to 6 million tonnes during these three years. This was due to the fact that the demand for Coal did not grow as anticipated and the production had to be restricted to match the demand. In respect of Copper there is only one smelter in the country whose capacity is 9600 tonnes per annum. The production during 1968 was 9183 tonnes. There was no targets of production for manganese in the annual plans.