

are being explored for introducing third party insurance in consultation with Insurance wing of Ministry of Finance.

Custom duty exemptions for import of medical equipment given in the past as well as allotment of land at concessional rates for hospitals have not yielded desired benefits to poor patients.

As per the Ministry of Industry, parity of hospitals with core/infrastructure industries would lead to dilution of emphasis on the infrastructure industries if social sectors are included within the infrastructure sector. Also, health Organisations are unlikely to set up health facilities in the backward areas due to several constraints like non-availability of specialists, paramedics, nurses and low return on investment.

#### Child Prostitution

1558. SHRI SHANKAR PRASAD JAISWAL:  
SHRI MOINUL HASSAN AHAMED;

Will the Minister of SOCIAL JUSTICE AND EMPOWERMENT be pleased to state:

(a) whether the commercial prostitution among the children is increasing;

(b) if so, the percentage of sex workers comprising of minor children in flesh trade, State/UT-wise;

(c) whether any steps have been taken to rehabilitate minor girls and other sex workers;

(d) if so, the details thereof; and

(e) the steps taken against induction of child workers in the flesh trade?

THE MINISTER OF STATE OF THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT (SHRIMATI MANEKA GANDHI): (a) to (e) The information is being collected and will be placed on the Table of the House.

[Translation]

#### Allocation of Funds under the Child Care/Safe Motherhood Programme

1559. SHRI NARENDRA BUDANIA:  
SHRI SURESH CHANDEL:

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

(a) the funds allocated to the states under the child survival and safe motherhood programme during each of the last three years till date;

(b) the details of programmes covered thereof; and

(c) the steps taken for proper implementation of these programmes in the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) A statement showing allocation of funds to States under Child Survival and Safe Motherhood (CSSM) Programme during the last three years is enclosed. Consequent upon launching of the Reproductive and Child Health Programme during 1997-98, the CSSM Programme has now been incorporated into the Reproductive and Child Health Programme (RCH) and therefore no separate allocation for the CSSM Programme has been made during the current year.

(b) The main programmes covered under the CCSM Programme were Universal Immunization Programme, Prophylaxis against nutritional anaemia, Prophylaxis against Vitamin A deficiency, Oral Rehydration Therapy Programme, Acute Respiratory Infection Programme and programmes for safe motherhood and new born care.

(c) For ensuring proper implementation of the CSSM Programme in the country, the implementing staff at various levels the state, district and community level, were trained in the strategies and interventions of CCSM. Drugs and equipment were supplied and the staff were also trained to use the same.

To check the coverage and quality of the interventions, the Department also undertook coverage evaluation surveys, apart from regular monitoring and periodical evaluations of the programme at district, State and Central levels.