

trade – tested for work for which they will be deployed by the foreign employer :-

- i) Supervisor (all professions) :
- (ii) Skilled workers (all professions) :
- (iii) Semi-Skilled workers (all professions) :
- (iv) Light/Medium/Heavy Vehicle Drivers :
- (v) Clerical workers of all categories including Stenographers, Store-keepers, time-keepers, typists.
- (vi) Cooks excluding those who seek employment in Household duties (as cooks)

(b) and (c) The Government is considering a proposal for setting up of a Central Manpower Export Promotion Council and Constitute of a Welfare Fund for the emigrant workers.

Allocation of reducing fund for Public Health Scheme

1079. SHRI MADHAVRAO SCINDIA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether allocation of funds for public health had fallen from 3.3 per cent in the First Five Year Plan to 1.78 per cent in the Eighth Plan despite the increase of population from 35 crores to 95 crores;

(b) the number of people from whom health facilities are beyond reach at present alongwith those who have no access to sanitation and safe drinking water; and

(c) the steps taken by the Government to provide adequate fund for public health programme ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) In the First Plan period, health, family welfare and water supply, and sanitation were all assigned resources collectively for public health. Subsequently over the next four plan periods, family welfare, water supply and sanitation programmes have been implemented through separate departments. Therefore, comparison with outlays on public health between the First Plan and Eighth Plan periods is not practical. However, in the Eighth Plan, the outlays on health, family welfare and water supply and sanitation were respectively 1.7%, 1.4% and 3.8% of the public sector outlay.

(b) and (c) There is a vast network of Sub-centres, Primary Health Centres and Community Health Centres which cater to health needs of people in rural areas. Most of the services are offered at free or nominal rates and

are within reach of the public. However, to improve access to health care services a project to upgrade and strengthen rural hospitals and improve referral care has been initiated in a phased manner in four States with external assistance. Special emphasis has been placed on improving access to health care among the poorer sections of the public.

Disease control programmes for prevention and control of AIDS, Leprosy, T.B., Blindness, Malaria are also under implementation for which funding support has been obtained from the World Bank. Substantial financial support has also been obtained from the Bank for a project for improving reproductive and child health.

As per information available in Economic Survey, 1996-97, percentage of population covered with drinking water and sanitation facilities is given below :

Percentage coverage

(as on March 31, 1996)

1.	Drinking Water Supply	
	Rural	82.00
	Urban	85.00
ii.	Sanitation facilities	
	Rural	4.64
	Urban	50.00

[Translation]

Food Adulteration

1080. SHRI ANAND RATNA MAURYA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the sale of adulterated and sub-standard food material is increasing;

(b) if so, whether the Government have taken any action to check the sale of adulterated and sub-standard food material, and

(c) if so, the details thereof ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) The Annual Reports on the working of the Prevention of Food Adulteration Act 1954, received from the States/UTs, do not reveal that the sale of adulterated food material is increasing in the Country.

(b) and (c) The Food (Health) Authorities of States and Union Territories are being advised from time to time