

The expenditure on the visits as furnished by Central Haj Committee is as follows.

Item	Expenditure (In Rs.)
Air tickets	Rs. 1,03,330
DA	Rs. 75,600
Accommodation	Rs. 45,000
Transport	Rs. 80,000
Foreign exchange paid to staff members @Rs. 55,000 per person	Rs. 6,52,080

(c) Yes Sir.

(d) Yes Sir. The proposals for the visits of Central Haj Committee to Saudi Arabia are cleared by Government after careful consideration, keeping in view the need for best possible arrangement for the Haj by Indian pilgrims and the imperatives of economy in incurring expenditure out of the Haj Fund

Issue of Blood

29. SHRI SHIVANAND H. KOUJALGI : Will the PRIME MINISTER be pleased to state:

(a) whether the AIIMS blood bank has been issuing blood to private hospitals and individuals which is essentially meant for the indoor patients of the Institute;

(b) if so, the monthly average quantity of blood issued to private hospitals and individuals during the last one year;

(c) whether any norms/conditions have been laid down for issuing of blood by the AIIMS blood bank to private hospitals and individuals;

(d) if so, the details thereof; and

(e) the overall effect of such supply of various groups of blood on the indoor patients in the AIIMS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) The AIIMS Blood Bank issues blood to the patients who hold voluntary cards wherever they may be admitted. The blood is issued to a card holder. Exceptions are made in emergency situations or when blood is required by a voluntary blood donor who himself or his relative happens to be admitted in private hospitals.

(b) Average issue of blood to voluntary card holders admitted in private hospitals is 100-150 units per month.

(c) and (d) In accordance with the directions laid down by the State Council on blood transfusion services for National Capital Territory of Delhi, all hospitals have to honour voluntary caros.

(e) There is no impact whatsoever on the Indoor Patients as the Institute maintains large stocks of blood.

Use of Recycled Disposable Syringes

30. DR. M. JAGANNATH : Will the PRIME MINISTER be pleased to state:

(a) whether the Government are aware that more and more people are getting infected by the HIV virus in India due to the use of recycled disposable syringes that make their way back to the hospitals from surgical wastebins;

(b) whether any estimate has been made of the extent of use of recycled syringes;

(c) if so, the details thereof; and

(d) the steps proposed to be taken to ensure that the disposable syringes are not re-used?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (d) There has been media reports that disposable syringes are recycled in some places. While no official estimation of the extent of this practice has been made, the guidelines on Hospital Acquired Infection Control circulated to the hospitals and State Governments detailed instructions have been given for proper disposal of blood and blood contaminated material including disposable syringes and needles incineration/shredding. This aspect has also been covered in the training programmes organised for medical and para medical personnel and is a major part of the information, education and communication campaign launched to educate the general public.

Child Health Programme

31. DR. KRUPASINDHU BHOI :
SHRI ANNASAHIB M.K. PATIL :

Will the PRIME MINISTER be pleased to state:

(a) whether Government have launched the Reproductive Child Health Programme (RCHP);

(b) if so, the main objective of the programme;

(c) the States where the programme is being launched;

(d) the funds earmarked for the programme;

(e) whether the programme is being funded by World Bank; and

(f) if so, by when the World Bank assistance is likely to be received for implementing RCHP?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) Yes Sir.

(b) The Reproductive & Child Health (RCH) Programme aims to meet the unmet needs of Family Welfare Programme by improving health status of women & children and reducing infant, child and maternal mortality and morbidity.

(c) The RCH Programme is a part of 100% centrally sponsored Family Welfare Scheme and had been launched by the Government of India on 15.10.97. The Programme will be implemented by all States/UTs.

(d) The approved outlay for RCH Programme during 9th Plan period is Rs. 5112.53 crores.

(e) Yes Sir. While World Bank is the major donor, many other International Agencies are also supporting the programme financially.

(f) The World Bank assistance for RCH Programme will be received from the current year 1997-98 itself on reimbursement basis.

Beedi Workers

32. SHRI S.D.N.R. WADIYAR :
SHRI T. GOVINDAN :

Will the Minister of LABOUR be pleased to state:

(a) whether the Government have planned 20-Point welfare package for the beedi workers in the country;

(b) if so, the number of beedi workers proposed to be covered under the various welfare schemes, State-wise;

(c) the amount likely to be spent on various welfare schemes including Health Care during 1997-98, State-wise; and

(d) the steps being taken to expedite implementation of various welfare schemes for beedi workers?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M.P. VEERENDRA KUMAR) : (a) and (b) The Government does not have any specific programme by the name of 20-Point Welfare package for beedi workers. However various welfare measures in the fields of health, housing, education and recreation are being implemented

under the Beedi Workers Welfare Fund Act, 1976. There are estimated 43.64 lakhs beedi workers and all beedi workers are eligible for various benefits being extended under these schemes.

(c) and (d) Under the welfare fund scheme, the allocation of funds is not made State-wise. However, sanctions for implementation of the schemes are issued Region-wise to the nine Regions spread throughout the country.

The region-wise allocation of funds is given in the Statement attached.

The implementation of welfare schemes under the welfare fund is reviewed periodically both at Centre as well as Region-level and remedial action where necessary is taken.

STATEMENT

The region-wise allocation of fund for 1997-98

S.No.	Region*	Amount (Rs. in thousand)
1.	Allahabad	1,74,51
2.	Bangalore	4,99,87
3.	Bhilwara	1,42,35
4.	Bhubaneshwar	1,42,25
5.	Calcutta	3,28,40
6.	Hyderabad	7,06,35
7.	Jabalpur	4,50,40
8.	Karma	1,52,25
9.	Nagpur	2,43,90
Total :		28,40,28

- *1. Allahabad region covers Uttar Pradesh, Himachal Pradesh, Jammu & Kashmir, Punjab & N.C.T. Delhi and U.T. of Chandigarh.
2. Bangalore region covers Karnataka, Kerala and Lakshdweep Islands.
3. Bhilwara region covers Rajasthan, Gujarat and Haryana.
4. Bhubaneshwar region covers Orissa.
5. Calcutta region covers Assam, Arunachal Pradesh, Meghalaya, Nagaland, Manipur, Tripura, Mizoram, West Bengal and Sikkim.
6. Hyderabad region covers Andhra Pradesh, Tamil Nadu, Pondicherry and Andaman & Nicobar Islands.
7. Jabalpur region covers Madhya Pradesh.
8. Karma region covers Bihar.
9. Nagpur region covers Maharashtra, Goa, Daman & Diu and Dadra & Nagar Haveli.