

sensor, known as cochlear implant, has been found successful in patients who have no serviceable hearing in both ears and who are not benefited by conventional hearing aids. The implant is surgically inserted into the inner ear and after wound healing, the patient usually gets benefit in six weeks to one year's time with the help of some training. Individual users report different levels of benefit from the implant.

[Translation]

#### Filaria Patients

2245. SHRI JAI PRAKASH AGARWAL : Will the PRIME MINISTER be pleased to state:

- (a) the number of filaria patients in Delhi at present;
- (b) the number of filaria eradication centres functioning in Delhi;
- (c) the nature of assistance provided by the Government to each centre during each of the last three years; and
- (d) the assistance proposed to be provided to these centres during the current year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (d) Delhi is known to be free from Filariasis and no Filariasis Control Programme is being implemented in Delhi.

However, under the Urban Malaria Scheme necessary antilarval measures are undertaken for the control of mosquito vectors.

[English]

#### Industrial Training Institutes

2246. SHRI RAM NAIK : Will the Minister of LABOUR be pleased to state:

- (a) Whether a number of applications for affiliation from the Industrial Training Institutes in Maharashtra are pending with the National Council for Vocational Training (NCVT) for decision since long;
- (b) if so, the details thereof;
- (c) whether the Government are aware that due to non-affiliation, a large number of trainees from Maharashtra is likely to be deprived of the opportunity to appear for the examination; and
- (d) if so, the steps taken/proposed to be taken to

ensure that the trainees are allowed to appear for the examination?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M.P. VEERENDRA KUMAR) : (a) No, Sir. The last meeting of the Sub-Committee of National Council for Vocational Training (NCVT) dealing with affiliation was held on 18.6.97. In that meeting, 45 cases which had been recommended by the Standing Committee, comprising of representatives of Central and State Governments and also representatives of Industry and labour and received in DGET till 31.5.97, were examined and disposed off.

(b) Does not arise.

(c) Yes, Sir. The State Director dealing with Craftsman Training Scheme should have permitted only the management of those institutes to admit trainees in the trades which have been recommended for affiliation by the Standing Committee. The problem has arisen as number of Industrial Training Institutes/Centres had admitted trainees prior to the inspection by the Standing Committee.

(d) Considering the administrative delays and difficulties in conducting inspections by the Standing Committees, a decision was taken in July, 1997 that the trainees of the institutes which have been inspected by the representatives of the respective State Council for Vocational Training (SCVT) and found fulfilling the norms of NCVT, be allowed to appear provisionally in the July, 1997 of All India Trade Test, conducted by NCVT. However, the results of trainees from such institutes will not be declared till they secure affiliation of trades/units from NCVT. This was a one time relaxation extended to all the States for July, 97 examination.

[Translation]

#### Maternal Mortality Rate

2247. SHRI MANIBHAI RAMJIBHAI CHAUDHARI : Will the PRIME MINISTER be pleased to state :

- (a) whether the pregnant women are dying in a large number during delivery due to malnutrition and other reasons;
- (b) if so, the number of women died during the last three months in various parts of the country, State-wise particularly in Gujarat;
- (c) whether the Government are contemplating any concrete steps to deal with the situation; and
- (d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (d) There is no regular and standard estimation of Maternal Mortality in India. A National Family Health Survey conducted in 1992-93 provides the estimate of MMR as 437 per 1,00,000 live births. Despite the large size of the sample, sampling errors or maternal mortality estimates are quite large. The 95% confidence interval for the maternal mortality rate ranges between 334 to 540 per 1,00,000 live births. Because of the large sampling error, reliable maternal mortality rates cannot be calculated for individual States.

The Registrar General of India, in its survey of causes of death (Rural) has been coming specific causes of death due to child-birth and pregnancy (Maternal Deaths). In 1994, death due to bleeding of pregnancy and puerperium were 23.7%, anaemia 19.3%, toxæmia 13.1%, abortion 12.6%, puerperal sepsis 10.6%, malposition of child 6.4%, non classifiable 14.2%. The survey also reports that the maternal deaths are rare events, reported in very small numbers. Hence, no specific conclusion can be drawn. The ongoing maternal and child health programme has been strengthened with the launching of Child Survival and Safe Motherhood (CSSM) Programme in August, 1992. The objective is to improve the health status of women and children and reducing maternal and infant mortality and morbidity. The interventions include tetanus toxoid immunization of pregnant women, iron and folio acid tablets for prevention and treatment of anemia among pregnant women, training of dais, provision of Dai kit to ensure clean delivery, promotion of birth spacing and strengthening of the health care institutions at the sub-district level for providing emergency obstetric care to pregnant women referred with maternal complications.

[English]

#### Group Housing Societies

2248. SHRI PRADEEP BHATTACHARYA : Will the Minister of URBAN AFFAIRS AND EMPLOYMENT be pleased to state:

(a) whether some Group Housing Societies which were allotted land but could not deposit the requisite amount with DDA within the stipulated time and later on their cases were reconsidered within the framed policy of the DDA;

(b) if so, the details of such societies which were allowed such opportunities since 1991 onwards;

(c) the details of other similar cases pending with the DDA; and

(d) by when the decision on the pending cases is likely to be taken?

THE MINISTER OF STATE OF THE MINISTRY OF URBAN AFFAIRS AND EMPLOYMENT (DR. U. VENKATESWARLU) : (a) Yes, Sir.

(b) As reported by DDA, the names of these societies are:-

- |                       |                        |
|-----------------------|------------------------|
| 1. Nav Rattan CGHS    | 2. Aarti CGHS          |
| 3. Sukhi Parivar CGHS | 4. Dabas CGHS          |
| 5. New Jhota CGHS     | 6. Ravi Shankar CGHS   |
| 7. Home Living CGHS   | 8. Great Lyallpur CGHS |

(c) and (d) DDA has received requests from 24 such societies which had failed to deposit the initial amount towards 35% land premium within the stipulated period. The names of these societies are given in the enclosed Statement. No specific time frame can be given for taking decisions on the pending cases.

#### Statement

##### List of 24 Coop. Group Housing Societies

Sl. No.	Name of the Society
1.	Batukji CGHS
2.	Agbros CGHS
3.	Youngsters CGHS
4.	Taruna CGHS
5.	Sanchar Vihar CGHS
6.	Arihant Sidhartha CGHS
7.	Bharat Petroleum CGHS
8.	Sapna Ghar CGHS
9.	The Kunj Vihar CGHS
10.	Satkartar CGHS
11.	The Air India Employees CGHS
12.	The Homely Woodland CGHS
13.	Himachal Imauladhar CGHS
14.	Manocha Vihar CGHS
15.	Sant Sunder Dass Ji CGHS
16.	The Khattar CGHS
17.	New Rajput CGHS
18.	Seth Vihar CGHS
19.	Pragya CGHS
20.	Hamdam CGHS
21.	The Modest Ketki CGHS