

(a) whether a large number of AIDS patients, most of whom belong to socially and economically lower sections of society, are migrating from Mumbai to Kanpur in Uttar Pradesh thereby causing much concern to the medical administration;

(b) the names of places where AIDS testing facilities are available in Uttar Pradesh;

(c) whether there is no AIDS testing facility at Kanpur city;

(d) if so, whether the Government propose to provide AIDS testing facility in the said city and the time by which this facility is likely to be provided; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (e) The information is being collected from the State Government of Uttar Pradesh and will be placed on the table of the Lok Sabha.

[English]

Birth/Death Rate

2284. SHRI MAHENDRA SINGH BHATI: Will the PRIME MINISTER be pleased to state:

(a) the average birth and death rates in the country, State/Union Territory-wise;

(b) whether the death rate in India is very high as compared to other countries;

(c) if so, the reasons therefor; and

(d) the steps taken/proposed to be taken by the Government to remedy the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) A Statement showing Birth and Death Rates from Sample Registration System (SRS) for the year 1995 is enclosed.

(b) No, Sir. According to the estimates published by UNFPA in "State of World Population" the Death Rate for India during 1990-95 is 10 (per 1000 population) which is higher than neighbouring countries China, Thailand, Indonesia, Korea and Sri Lanka. However, the Death Rate for the more developed regions is same as that of India for the same period.

(c) and (d) Although the death rate has declined, health

services are being provided through a large net work of Primary Health Centres/Sub-centres/Government Hospitals in addition to involvement of NGOs and Private Hospital set up. Various programmes for the family welfare have been integrated into one integrated programme designated "Reproductive & Child Health" and under this programme the range and quality of health care would be improved during the IX Plan. This is expected to further lower the death rate in the country.

Statement

Birth Rates & Death Rates-1995

Sl. No.	State/UT	Crude Birth Rate	Crude Death Rate
1	2	3	4
	INDIA	28.3#	9.0
I. MAJOR STATES			
1.	Andhra Pr.	24.2	8.4
2.	Assam	29.3	9.6
3.	Bihar	32.1	10.5
4.	Gujarat	26.7	7.6
5.	Haryana	29.9	8.1
6.	Karnataka	24.1	7.6
7.	Kerala	18.0	6.0
8.	Madhya Pr.	33.2	11.2
9.	Maharashtra	24.5	7.5
10.	Orissa	27.8	10.8
11.	Punjab	24.6	7.3
12.	Rajasthan	33.3	9.1
13.	Tamil Nadu	20.3	8.0
14.	Uttar Pr.	34.8	10.3
15.	West Bengal	23.6	7.9
II. SMALLER STATES			
1.	Arunachal Pr.	23.8	6.0
2.	Delhi	23.3	6.0
3.	Goa	14.7	7.5
4.	Himachal Pr.	25.2	8.7
5.	J & K	NA	NA
6.	Manipur	20.6	6.7
7.	Meghalaya	29.0	8.9
8.	Mizoram	NA	NA
9.	Nagaland	NA	NA

1	2	3	4
10.	Sikkim	22.5	6.9
11.	Tripura	18.9	7.7
III. UNION TERRITORIES			
1.	A & N Islands	18.7	5.8
2.	Chandigarh	19.5	5.7
3.	D & N Haveli	29.7	8.2
4.	Daman & Diu	21.8	8.0
5.	Lakshadweep	25.5	7.6
6.	Pondicherry	20.1	7.6

Source - Sample Registration System, RG, India

#: Excludes J & K & Mizoram

NA: Not Available

[Translation]

MPLADS Plan

2285. SHRI DILEEP SANGHANI: Will the PRIME MINISTER be pleased to state :

(a) whether the amount provided under MPLADS is spent/can be spent by the District Magistrates as per the instructions of the Members of Parliament;

(b) whether the Government have received some complaints that the District Magistrates have spent the amount arbitrarily or have spent more amount than the amount approved by the Member of Parliament;

(c) if so, the action the Government propose to take against the concerned officer in this regard;

(d) if so, whether the concerned Member of Parliament is also informed of the action taken; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING AND PROGRAMME IMPLEMENTATION (SHRIMATI RATNAMALA D. SAVANOR): (a) The District Magistrates are to implement the works recommended by a Member of Parliament, provided these are in conformity with the guidelines on the scheme and feasible.

(b) to (e) Some such complaints have been reported. The matter has been taken up with DCs/State Govts for appropriate action, under intimation to concerned MPs.

Primary Health Centres in Bihar

2286. SHRI MAHABIR LAL BISHVAKARMA:
SHRI RAJESH RANJAN ALIAS PAPPU YADAV:

Will the PRIME MINISTER be pleased to state the details of Primary Health Centres functioning at present in Bihar?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): As per the information received from the State of Bihar, the details of Primary Health Centres functioning in the State, as on August, 1995, are given in the enclosed Statement.

Statement		
Sl. No.	Name of District	No. of PHCs
1	2	3
1.	Patna	79
2.	Nalanda	51
3.	Bhojpur	71
4.	Rohtas	82
5.	Aurangabad	69
6.	Jehanabad	44
7.	Gaya	84
8.	Nawada	41
9.	Saran	59
10.	Siwan	55
11.	Gopal Ganj	37
12.	Paschim Champaran	54
13.	Purba Champaran	74
14.	Sitamarhi	68
15.	Muzaffarpur	67
16.	Vaishali	50
17.	Begusarai	48
18.	Samstipur	67
19.	Darbhanga	60
20.	Madhubani	87
21.	Saharsa	52
22.	Madhepura	23
23.	Purnia	99
24.	Katihar	39
25.	Khagaria	21
26.	Munger	95
27.	Bhagalpur	77
28.	Godda	18
29.	Sahibganj	47
30.	Dumka	69