

including the project period. The loan has been secured by a State Government guarantee.

Strike by CGHS Dispensaries Employees

194. SHRI KRISHAN LAL SHARMA: Will the PRIME MINISTER be pleased to state:

(a) whether the employees of Central Government Health Scheme dispensaries went on strike during the month of June, 1997;

(b) if so, the details of their demands; and

(c) the reaction of the Union Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) The employees of the Central Government Health Scheme were on strike from 4-6-97 to 9-6-97. Their demands related to certain recommendations of the Fifth Central Pay Commission inter alia covering abolition of vacant posts, split duty hours in CGHS, removal of anomalies in Pay Scales of various categories, provision of creche facilities for CGHS employees, opening of CGHS' own hospitals etc.

As the recommendations of the Fifth Central Pay Commission were still under process, the Association was informed that their concerns regarding working conditions and the convenience of CGHS employees would be sympathetically projected at the appropriate stage. They were also informed that the Strike should be called off as patient care services would be jeopardised which was the primary concern of CGHS

Infrastructural Facilities

195. KUMARI FRIDA TOPNO: Will the Minister of URBAN AFFAIRS AND EMPLOYMENT be pleased to state:

(a) whether the Government have any special consideration for the development of township with minimum amenities like water, light, roads, health and sanitation in Tribal areas;

(b) if so, the towns selected for the development in Orissa, Bihar and Madhya Pradesh; and

(c) the amount released by the Government during the last two years for the purpose?

THE MINISTER OF STATE OF THE MINISTRY OF URBAN AFFAIRS AND EMPLOYMENT (DR. U. VENKATESWARLU): (a) There is no specific Centrally Sponsored Scheme for the development of township with minimum amenities like water, light, roads, health sanitation in Tribal areas. However, towns in Tribal areas functioning as growth centres and capable of generating economic growth and employment opportunities for rural hinter-lands are eligible for coverage under the Scheme of Integrated Development of Small and Medium Towns (IDSMT). The selection of towns and sanction of projects vests with the State Governments as per Scheme guidelines.

(b) and (c) Does not arise.

Retention of Accommodation

196. DR. A.K. PATEL: Will the Minister of URBAN AFFAIRS AND EMPLOYMENT be pleased to state:

(a) whether accommodation of Delhi Administration can be retained under normal terms by Central P.W.D. employees, even after transfer from P.W.D. (Delhi Admn.) to C.P.W.D. offices at Border areas till an alternate accommodation is allotted by the Directorate of Estates in Delhi; and

(b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF URBAN AFFAIRS AND EMPLOYMENT (DR. U. VENKATESWARLU): (a) and (b) Information is being collected and will be laid on the Table of the Sabha.

Miserable Condition of Hospitals in Delhi

197. SHRI I.D. SWAMI: Will the PRIME MINISTER be pleased to state:

(a) whether the attention of the Government has been drawn to the news-item captioned "the Condition of Delhi's Hospitals" appearing in the Hindustan Times dated January 19-27, 1997;

(b) if so, the facts thereof;

(c) the reaction of the Government thereto;

(d) whether vital equipments have been ruined due to shortage of funds in many Government hospitals;

(e) if so, the details thereof; and

(f) the steps taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. The hospitals referred to in the news item are Safdarjung Hospital, Loknayak Jai Prakash Narain Hospital, Hindu Rao Hospital, Guru Teg Bahadur Hospital, Rajan Babu Tuberculosis Hospital, Infectious Diseases Hospital, Kalawati Saran Hospital, Deen Dayal Hospital, G.B. Pant Hospital, Shahdara Mental Hospital. Cut of these Safdarjung Hospital and Kalawati Saran hospital are under the control of Central Government. The other hospitals are under the control of Govt. of NCT of Delhi and Municipal Corporation of Delhi.

(c) The functioning of Central Govt. hospitals is reviewed periodically by the Directorate General of Health Services/Ministry and by the Medical and Public Health Departments of Govt. of NCT of Delhi in respect of hospitals under their control and action is taken to remove the shortcomings noticed. Regarding Newsitem captioned 'Child Lifters run a thriving racket' pertaining to Kalawati Saran Hospital, it has been reported that there has not been any incidence in the past at this hospital regarding child lifting. However, one incidence of child being taken away from the hospital by the neighbour of the family was reported. The

child was recovered with the help of police.

(d) to (f) At present all vital life saving equipments have either been repaired or the process for repair is underway, which is an on-going process. The matter has been reviewed recently and the guidelines have been issued for monitoring the proper functioning of vital life saving equipments in Central Govt. hospitals. The Municipal Corporation of Delhi have reported that the Hindu Rao Hospital is functioning in good condition and the equipments in this Hospital and the Infectious Diseases hospital are functioning properly. In respect of the hospitals under the control of NCT of Delhi information has not been received.

Deaths Due to Epidemic Diseases

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

(a) whether the Government are aware that a large number of children are dying in National Capital Territory of Delhi, and its adjoining areas due to epidemic diseases;

(b) if so, the details thereof alongwith the children died during the last three years;

(c) the efforts being made by the Government to check these epidemics;

(d) whether funds have been made available to the Government of Delhi during the above period;

(e) if so, the details thereof;

(f) the items on which Delhi Government spent the funds, Year-wise; and

(g) the reasons for not achieving success in checking the epidemics?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (g) The information is being collated and will be laid on the Table of the House.

Poverty

199. SHRI MADHAVRAO SCINDIA: Will the PRIME MINISTER be pleased to state:

(a) whether the Government have conducted any survey to know the number of people living under poverty line and also these devoid of health facilities, safe drinking water and basic sanitation facilities;

(b) if so, the details thereof; and

(c) the steps taken by the Government to eliminate poverty by the end of Ninth Plan?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING AND PROGRAMME IMPLEMENTATION (SHRIMATI RATNMALA D. SAVANOOR): (a) and (b) The number of people living below the poverty line is estimated from the quinquennial National Sample Survey (NSS) data on consumer expenditure. The latest estimates are available

for 1993-94, based on the NSS consumer expenditure data of 50th Round. According to this, the number of poor in 1993-94 is estimated as 320.37 million. The percentage distribution of persons over major sources of drinking water and percentage distribution of hospitalised cases over types of hospitals are given in the attached statements I and II.

(c) The Approach Paper to the Ninth Plan has adopted 7 per cent rate of economic growth which is likely to reduce the level of poverty significantly. Besides, it recognises the need for continuing direct state intervention for poverty alleviation and a re-designing of the self-employment and supplementary wage employment programmes in order to make them more effective instruments of poverty alleviation. They would also be integrated with the various sectoral programmes as well as the area development programmes within the umbrella of the Panchayati Raj Institutions.

Statement-I

Percentage distribution of persons over major sources of drinking water

Source	(1986-87)	
	Rural	Urban
1. Tap	16.07	72.43
2. Tubewell/ Hand pump	36.49	15.44
3. Pucca well	38.97	10.26
4. Others	8.47	1.87
Total	100.00	100.00

Source: NSS 42nd Round

Statement-II

Percentage distribution of hospitalised cases over types of hospitals

Type of Hospital	(1986-87)	
	Rural	Urban
1. Public Hospital	55.40	59.51
2. Primary Health Centre	4.34	0.75
3. Private Hospital	31.99	29.55
4. Charitable Institutions run by Public Trust	1.71	1.91
5. Nursing Homes	4.86	7.04
6. Others	1.70	1.24
Total	100.00	100.00

Source: NSS 42nd Round