

1	2	3	4	5	6	7	8	9	10
9.	Madhya Pradesh	627.72	515.94	685.66	587.66	623.24	623.24	590.64	
10.	Maharashtra	330.00	#	412.50	#	535.00	#	550.00	
11.	Manipur	85.72	86.12	119.88	92.98	126.93	126.93	160.77	
12.	Orissa	348.40	#	568.85	#	432.35	#	576.62	
13.	Rajasthan	187.12	#	305.45	#	342.22	#	390.17	
14.	Sikkim	17.00	#	13.12	#	-	#	11.56	
15.	Tamil Nadu	28.33	20.05	36.39	24.63	39.42	30.00	-	
16.	Tripura	88.75	81.25	93.84	86.21	107.28	107.98	125.94	
17.	Uttar Pradesh	2.60	#	2.87	#	-	#	32.00	
18.	West Bengal	77.03	#	75.67	#	54.86	#	102.79	
19.	A & N Islands	24.19	2.23	30.74	1.55	-	1.62	25.52	
20.	Daman & Diu	2.22	1.72	2.80	2.28	3.06	3.06	2.73	
Total		3061.23	987.66	3895.50	1239.01	2964.19	1403.81	3808.62	

Not reported.

* Anticipated expenditure.

- TSP was not finalised.

Welfare of Women and Children

*188. SHRI MADHAV RAO PATIL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Government have started child survival and safe motherhood programme for the welfare of women and children;

(b) if so, the details thereof;

(c) the number of districts in the country included under this programme till date State-wise; and

(d) the details of other schemes launched by the Government for the welfare of women and children?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) to (d) The ongoing Programmes for Universal Immunization for six Vaccine preventable diseases, Oral Rehydration Therapy to prevent deaths of Children due to dehydration resulting from diarrhoea, and Maternal Health designed for related specific objectives were strengthened and integrated in the form of Child Survival and Safe Motherhood Programme in 1992-93. Such integration was felt necessary, because various Maternal and Child Health Programmes are inter-dependent.

Under the Child Survival and Safe Motherhood (CSSM) Programme, all the Districts of the Country were covered by

1996-97, CSSM Programme was approved by the Government, and was implemented during 1992-98.

The main components of the Programme were:

- i. The Universal Immunization Programme-mass immunisation of Women and Children against six Vaccine preventable diseases viz. : Diphtheria; Pertusis, Childhood TB, Polio, Measles and Neo-Natal Tetanus.
- ii. The Diarrhoea Control Programme aiming at reducing deaths of Children below five years.
- iii. The Acute Respiratory Infection (Pneumonia) Control Programme.
- iv. Prevention and Control of Vitamin A deficiency.
- v. Improving emergency Obstetric Care through setting up of First Referral Units (FRUs) at Community Health Centres/Sub-District level.
- vi. Dais Training for promoting safe delivery services.

Effective interventions to control Acute Respiratory Infections through availability of anti-pneumonia drug through Auxilliary Nurse Midwife, and strengthening of 1748 sub-District Hospital as First Referral Units for provision of emergency obstetric care were very sizeable additional achievements of CSSM Programme.

Beginning from 1997-98, the CSSM Programme has been further re-organised and strengthened in the form of Reproductive and Child Health (RCH) Programme. This Programme has become operational since September, 1997. The Reproductive & Child Health Programme continues the Policy of integration of related programmes, so that all the relevant needs of citizens relating to Maternal and Child Health matters can be addressed effectively.

In view of the fact that Reproductive Tract Infections/ Sexually Transmitted Infections (RTI/STI) afflict a large number of men and women, affecting not only their own health and well being but, frequently, also the health of the new born, facilities for RTI/STI are being strengthened at District and sub-District Levels all over the Country. Under the RCH Programme, facilities for Maternal and Child Health related matters will be continued and strengthened, but specifically facilities for emergency Obstetric Care, Medical Termination of Pregnancy, and institutional deliveries will be strengthened at District and sub-District levels. Keeping in view the fact that the RCH Status of the Tribal Population and of population in Urban slums is poor, compared to general Rural Population and also considering that health care facilities for these segments of population have tended to remain weak in the past, special additional strengthening has been provided for such areas. The main emphasis in the RCH Programme is being given, on improving the quality of services to citizens, and on giving primary importance to the felt needs of the users. Under the RCH, Panchayat Raj Institutions will be prominently involved, for supportive and advocacy functions, and Non-Government Sector including NGOs and the Non-Government Medical Sector, will be involved in improving availability of services to the people.

Welfare and Rehabilitation of Child Labour

*189. SHRI MAHESH KANODIA :
SHRI RAM TAHAL CHAUDHARY :

Will the Minister of LABOUR be pleased to state:

(a) whether a survey has been conducted on child labour recently;

(b) if so, the details thereof indicating the number of child labour in the country, State-wise; and

(c) the steps taken for the welfare and rehabilitation of these child labour, State-wise?

THE MINISTER OF POWER (SHRI P.R. KUMARAMANGALAM): (a) to (c) The Hon'ble Supreme Court in their judgement dated 10.12.98 had given certain directions regarding the manner in which the children working in hazardous occupations are to be withdrawn and the manner in which working conditions of children working in non-hazardous occupations are to be regulated and improved upon. One of the important directions of the Supreme Court relates to completion of survey for the identification of children working in hazardous and non-hazardous occupations to be completed within a period of one year. As per the directions of the Supreme Court, the State/UT

Governments have undertaken survey for the identification of working children. In compliance with the directions of the Supreme Court, an affidavit dated 5.12.97 was filed before the Supreme Court indicating, *inter alia*, the number of children identified during the course of survey. A statement indicating the number of children identified in the first phase of survey is enclosed.

Child Labour is a deep-rooted socio-economic problem which needs sustained efforts over a long period of time. Considering the nature and magnitude of the problem a gradual and sequential approach has been adopted to rehabilitate child labour. The rehabilitation of children working in hazardous occupations has been taken up in the first instance. Under the National Child Labour Project Scheme, special schools with provision for non-formal education, vocational training, nutrition, health check, etc. are set up for the rehabilitation of working children. So far 76 National Child Labour Projects have been set up for the rehabilitation of around 1.5 lakh children working in hazardous occupations.

Statement

Statement indicating the number of children identified during the first phase of survey as per the directions of Supreme Court

	Hazardous Occupations	Non-Hazardous Occupations	Total	
1	2	3	4	5
1. Andaman and Nicobar Island U.T.	0	38	38	
2. Andhra Pradesh	7769	39000	46769	
3. Arunachal Pradesh	24	1095	1119	
4. Assam	92	9712	9804	
5. Bihar	24879	Yet to be finalised	24879	
6. Chandigarh U.T.	0	44	44	
7. Dadra & Nagar Haveli U.T.	0	0	0	
8. Daman & Diu U.T.	0	0	0	
9. Delhi U.T.	10	960	970	
10. Goa	35	74	109	
11. Gujarat	1417	172	1589	
12. Haryana	7	2813	2820	
13. Himachal Pradesh	83	231	314	
14. Jammu & Kashmir	19818	4417	24235	
15. Karnataka	7190	89077	96267	