

Western Kosi Canal

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 *170. { Shri Shree Narayan Das:
 Shri Yogendra Jha:
 Shri Priya Gupta:

Will the Minister of Irrigation and Power be pleased to state:

(a) whether the work on the Western Kosi Canal has been started;

(b) if so, the progress made in this regard;

(c) the total estimated expenditure involved; and

(d) the amount so far sanctioned?

The Minister of Irrigation and Power (Hafiz Mohammad Ibrahim):

(a) and (b). Detailed investigations on the main and the branch canals have almost been completed and other works such as construction of permanent and temporary buildings, collection of material etc. have been taken in hand.

(c) The scheme is estimated to cost Rs. 12 crores.

(d) No specific requests has been received from the Government of Bihar for funds for financing this scheme. The scheme is being financed by the State Government. A sum of Rs. 24.54 lakhs was spent during 1961-62 and during the current year 1962-63 about Rs. 50 lakhs are expected to be spent on the project.

Shri Shree Narayan Das: May I know whether any programme for the construction of this canal has been prepared, and if so, what are the important features of the programme?

Hafiz Mohammad Ibrahim: The canals, when they are constructed, are constructed under one and the same programme everywhere. No particular programme is required, and in accordance with the usual practice, the work in this connection also is going on.

Shri Shree Narayan Das: May I know whether the hon. Minister can

give us an idea of the time by which the canal is going to be completed?

Shri Surendranath Dwivedy: I do not think the work has started.

Hafiz Mohammad Ibrahim: That date at present is not with me.

Mr. Speaker: Next question.

Shri Surendranath Dwivedy: Sir, Shri Yogendra Jha wants to put a question. His name has been clubbed in this question.

Mr. Speaker: I am extremely sorry I did not see him. I tried to look round, but it was my misfortune that I could not notice him. Yesterday also exception was taken in another case. Now I will be excused since I have passed on to the next question.

श्री योगेश्वर झा : अध्यक्ष महोदय, इस प्रश्न को देने वालों में मेरा नाम भी है। इस लिये मुझे भी सप्लीमेंटरी पूछने का अवसर दिया जाये।

अध्यक्ष महोदय : मैं ने कहा है कि इस तरह से नहीं होगा।

दिल्ली में तपेदिक के मामले

*१७१. श्री बाल्मीकी : क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या दिल्ली में तपेदिक का रोग बढ़ रहा है ;

(ख) क्या सरकार को ज्ञात है कि टी० बी० ग्रस्पतालों में दाखिला कठिनाई से मिलता है ; और

(ग) यदि हां, तो तपेदिक के रोगियों के इलाज के लिये ग्रस्पताल तथा पलंगों की संख्या बढ़ाने के लिये क्या प्रयत्न किये जा रहे हैं ?

स्वास्थ्य मंत्री (डा० सुशीला नायर) :

(क) इस सम्बन्ध में कोई विषयस्त आंकड़े उपलब्ध नहीं हैं, जिन से यह पता लग सके कि दिल्ली में तपेदिक का रोग बढ़ रहा है अथवा नहीं।

(ख) जी हाँ।

(ग) वर्तमान तपेदिक अस्पतालों में पलंगों की संख्या बढ़ाई जा रही है। इस के प्रतिरिक्त वर्तमान एवं नये खोले जाने वाले तपेदिक क्लिनिकों की गृह-सेवाओं का भी विस्तार किया जा रहा है। प्रत्येक रोगी को अस्पताल में भरती करना संभव भी नहीं है और आवश्यक भी नहीं है।

I shall read it in English also.

(a) There is no reliable survey statistics to show whether the incidence of T.B. in Delhi is on the increase or not.

(b) Yes, sir.

(c) Beds are being added in the existing T.B. Hospitals and additional domiciliary services are being expanded from the existing T.B. clinics and from others which are being established. It is neither possible nor necessary to hospitalise every case.

श्री बाल्मीकी : इस वक्त अस्पतालों में जो मरीज दाखिल हैं, उनकी कितनी संख्या है और कितने नाम दाखिले के लिये अब तक रजिस्टर किये गये हैं ?

डॉ० सुशीला नायर : इस समय मिलवर जुबिली टी० बी० अस्पताल में ८६३ बेड हैं जो भरे हुए हैं। महरीली में ३२५ हैं। नई दिल्ली टी० बी० सेंटर में १५ हैं। राम कृष्ण मिशन अस्पताल में २८ हैं। जो उनकी वेटिंग लिस्ट है वह काफी लम्बी है जो महीनों तक के लिये काफी है।

श्री बाल्मीकी : अत्यन्त निर्धन और साधनहीन मरीजों के लिये कितनी खाटें पहले से तय हैं ?

डॉ० सुशीला नायर : जो भी टी० बी० से ग्रस्त होता है वह समाज का एक विकार संकलन है और यही समझ कर उसको भरती किया जाता है।

श्री बागड़ी : मैं जानना चाहता हूँ कि कितने बेडज और बढ़ाये जा रहे हैं ?

डॉ० सुशीला नायर : इस वक्त ६० बेडज का एक वार्ड टी० बी० अस्पताल महरीली में बढ़ाया जा रहा है। इसके अलावा सिलवर जुबिली ट्यूबरकलोसिस अस्पताल में २५० बेड बढ़ाने की योजना है। १२५ भाइसोलेशन बोर्ड जो ट्यूबरकलोसिस क्लिनिकस चल रहे हैं, उनके साथ जोड़ कर खोलने की योजना है।

श्री स० मो० बनर्जी : अभी बताया गया है कि कोई रिलायबल सोर्स नहीं है यह जानने का कि आखिर तपेदिक के मरीजों की तादाद बढ़ी है या नहीं। मैं जानना चाहता हूँ कि १९६० और १९६१ के जो आंकड़े हमें मिले हैं क्या वे सही नहीं हैं और क्या यह सही नहीं है कि १९६१ में बहुत ज्यादा तपेदिक के मरीज हुए हैं १९६० के मुकाबले में ?

डॉ० सुशीला नायर : यह सही नहीं है क्योंकि कोई टोटल सर्वे किसी वक्त किया हो कि पहले कितने थे और आज कितने हैं, ऐसा नहीं हुआ है। लेकिन ज्यों ज्यों सुविधायें मिलती हैं ट्रीटमेंट की, ज्यादा लोग ट्रीटमेंट के लिये आते हैं।

Shri Daji: What is the number on the waiting list on this date?

Dr. Sushila Nayar: I do not have the exact number on the waiting list. But, if the hon. Member so desires, I will collect the information and give it.

Shri Hari Vishnu Kamath: As compared to the good old days when the Minister held the same portfolio in the Government of Delhi State, is she not in a position to say whether the overall position with regard to incidence has deteriorated or improved?

Dr. Sushila Nayar: All that I can say is that the number of beds has considerably increased in the period between when I took over and today. And, so far as I know, there is, obviously, no increase in the incidence.

On the contrary, the efforts at checking tuberculosis with B.C.G. vaccination and through the services of T.B. clinics etc. have, probably, had some effect in reducing it. But, I would not be able to make a definite statement that it has been reduced.

Shri Shiv Charan Gupta: May I know the area which has already been covered under Domiciliary Treatment Scheme and what more area is proposed to be covered?

Dr. Sushila Nayar: At present, domiciliary treatment is being extended from the existing tuberculosis clinics, the T.B. Clinic at Mukherji Marg, T. B. Clinic at Shahdara, the Kingsway Silver Jubilee Hospital, the New Delhi Tuberculosis Centre, the Ramakrishna Mission Clinic, the Mehrauli Tuberculosis Clinic are functioning. Out of these, 4 are giving the domiciliary treatment; and the others in this group are also likely to give it. Apart from that, some more clinics are proposed to be opened by the Corporation of Delhi. The idea is that we would like to cover the whole of Delhi with domiciliary treatment or treatment of one form or the other.

Fulfilment of Third Plan Targets

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*173. { **Shri Warrior:**
 { **Shri Vasudevan Nair:**

Will the Minister of Irrigation and Power be pleased to state:

(a) whether a three member team of high Government officials had collected all the detailed information and submitted a report suggesting ways and means to break the bottlenecks that are or might be encountered in the fulfilment of the Third Plan Targets in respect of Irrigation and Power; and

(b) if so, whether the report will be laid on the Table?

The Minister of Irrigation and Power (Hafiz Mohammad Ibrahim):
 (a) A team of officers has so far exa-

mined only power projects. Work in respect of examination of irrigation projects is expected to be taken up shortly.

(b) The team of officials have recorded notes for Departmental use and no formal report has been submitted by them. It would not, obviously, be desirable to place copies of their tour notes on the Table of the House.

Shri Warrior: What are the main bottlenecks found out by this team of officials and what action do the Government propose to remove them?

Hafiz Mohammad Ibrahim: This is a long list. If you want I may read it.

Mr. Speaker: Some answer has to be given.

Hafiz Mohammad Ibrahim: I shall read it out. The important observations are as follows. The project authorities should draw up a realistic schedule of work to be undertaken each year Co-ordinated action should be taken by project authorities for completion of various components of projects. Advance action should be taken to get necessary foreign exchange released after exploring the possibility of securing equipment from indigenous sources.

Mr. Speaker: The whole need not be read; it may be laid on the Table of the House.

Shri Tyagi: What is the novelty about the suggestions. These are matters which are generally looked after by the administration always. If it says that quick action must be taken, it is not a novel recommendation. What is the novelty about the suggestion?

Shri D. C. Sharma: Sir, it is a very important statement that the hon. Minister is reading out; it should be read out fully and completely so that we can follow it.

Mr. Speaker: Order, order. I have differed from the hon. Member. I have asked him to lay it on the Table of the House.