

SHRI RAM VILAS PASWAN : You can put before the House, if you so like. This is under the Rules and Procedures of the House.

[*Translation*]

I only want permission.

[*English*]

MR. SPEAKER : If I don't allow you, you cannot raise it. If you are the law maker, you cannot be the law breaker also.

(*Interruptions*)

MR. SPEAKER : This is not correct. You have time to raise unlisted items. You want the entire day to be changed into 'Zero Hour'.

[*Translation*]

SHRI RAM VILAS PASWAN : As you have made obituary reference, I have raised this issue; otherwise I would not have raised this issue.

[*English*]

MR. SPEAKER : It is not correct.

SHRI M. R. KADAMBUR JANARTHANAN (Tirunneveli) : People of Tamil Nadu have been discriminated.

MR. SPEAKER : I will allow you later on.

(*Interruptions*)

SHRI G. M. C. BALAYOGI (*Amalapuram*) : *Mr. Speaker, Sir, in Andhra Pradesh the police has beaten the MLAs and there is a threat to the life of Shri N. T. Rama Rao also.*

MR. SPEAKER : *You can raise it after the Question Hour.*

SHRI G. M. C. BALAYOGI : *Sir, there is no law and order in Andhra Pradesh.*

MR. SPEAKER : *Please sit down. Please do understand that you are the law-makers of the country and if you are not following the rules laid down by yourselves, it will be a bad commentary on yourselves.*

SHRI G. M. C. BALAYOGI : *Sir, it is not a question of following the rules. (Interruptions)*

MR. SPEAKER : Please take your seats.

11.06 hrs

ORAL ANSWERS TO QUESTIONS

[*Translation*]

ERADICATION OF MALARIA

*221. **SHRIMATI BHAVNA CHIKHALIA, DR. RAMESH CHAND TOMAR** : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Government have formulated any scheme to speed up the National Malaria Eradication Programme in tribal areas of Gujarat and Madhya Pradesh with the World Bank assistance;

(b) if so, the details thereof;

(c) whether the Government have selected any other State also for this purpose; and

(d) if so, the details thereof?

[*English*]

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (**SHRI PABAN KUMAR GHATOWAR**) : (a) to (d) : The Government proposed to take up intensive Malaria Control measures in tribal areas of 7 States, namely, Andhra Pradesh, Bihar, Madhya Pradesh, Orissa, Gujarat, Maharashtra and Rajasthan. For this purpose a broad project outline with the objective of reducing morbidity and mortality among the tribals through surveillance, appropriate vector control strategies including biological and bio-environmental, early case detection and treatment to break the chain of transmission through upgradation of health infrastructure, etc. estimated to cost about Rs. 420 crores has been sent to the World Bank. Detailed project is being formulated in consultation with the concerned States.

[*Translation*]

SHRIMATI BHAVNA CHIKHALIA : *Mr. Speaker, Sir, the entire world knows that*

Malaria is a very serious disease. In reply to my question, the hon. Minister has stated that besides Gujarat and Madhya Pradesh, intensive Malaria Control measures are also to be taken up in the tribal areas of other 5 states. For this purpose, a broad project estimated to cost about Rs. 420 crores has been sent to the World Bank. I would like to know from the hon. Minister through you as to when this project has been sent to the World Bank and the time likely to be taken in the implementation of this project?

[English]

SHRI PABAN SINGH GHATOWAR : Sir, in March, 1993, we had submitted a concept paper to the World Bank regarding this project. We had formed a Task Force also under the Chairmanship of Mr. Harcharan Singh. We had asked them to give the details on infrastructure and other proposals for formulating a detailed proposal regarding this project.

[Translation]

SHRIMATI BHAVNA CHIKHLIA : Mr. speaker, Sir, on one hand, mosquitoes have developed resistance power to insecticides and on the other hand, parasites which cause this Malaria disease, are becoming resistant to medicines. So I would like to know from the hon. Minister whether the work of spraying Insecticides and Surveillance of patients is going on properly? What steps have been taken by the Government so far in this regard? Besides it, as the hon. Minister has stated about the 7 other States, what special project have been prepared by the Government for the eradication of Malaria at rural level?

[English]

SHRI PABAN SINGH GHATOWAR : Sir, for this Malaria Eradication Programme, 50 per cent of the expenditure is shared by the Central Government and the State Governments. From our side, we supply medicines and 50 per cent of the required funds to the State Governments. The State Governments, through their own machinery, take the step of spraying medicines in the malaria infected areas. From our side, if there is any emergency demand from the State Governments, we try to help the State Governments from time to time.

[Translation]

DR. RAMESH CHAND TOMAR : Mr. Speaker, Sir, according to the doctors,

Chloroquin, which is given for controlling malaria has now become ineffective. Even the spraying of DDT have become ineffective and thus malaria is spreading fastly, I would like to know from the hon. Minister what alternative arrangement has been made in place of these medicines, so that malaria could be controlled. Mosquitoes breed in filth and malaria is spread by mosquitoes. So, to control malaria, it is essential to remove filth. I would like to know from the Government whether it has made any programme at national level to ensure proper sanitation?

[English]

SHRI PABAN SINGH GHATOWAR : It is true that in some areas, the mosquitoes have developed resistance power to the DDT. An on-going research project is there. The Government is doing research on what type of medicine will be more effective. In the meantime, the Central Government has given instructions to the State Governments to take special projects in the tribal areas of our country because the incidence of malaria is more in the tribal areas, as tribal areas are mainly located in the forest regions; and there are sanitation and other problems also. The health infrastructure in the tribal areas compared to other regions is a little bit weak. We are in constant touch with the State Governments to strengthen their health infrastructure properly to prevent malaria in those areas.

DR. KRUPASINDHU BHOI : The hon. Minister has given a brief proposal of help from the World Bank. The malaria eradication programme had culminated in 1985-1986. After that, no detailed research has taken place in our country. So, 50 per cent share of the funds is given by the State Government and 50 per cent share is given by the Central Government. The hon. Member has asked a pertinent question whether in the Research laboratories the Health Department has taken special care to eradicate malaria particularly cerebral malaria. In the case of cerebral malaria, more than one lakh people are dying in the tribal areas. Has the Minister got any information in our country and abroad regarding what are the particular medicines on which the new research has taken place for which the Central Government has asked the world organisations several times?

SHRI PABAN SINGH GHATOWAR : I have mentioned about the incidence of malaria in many parts of our country. The hon. Member

has mentioned about the death figures. They are not in thousands. But I can quote some of the figures. In 1989, the death figure was 218; in 1990, it was 317; in 1991, it was 367.

About cerebral malaria, it is more in the tribal areas. When the malaria occurs, there should be immediate followup action like blood test and giving medicines. Because the health infrastructure in the tribal areas is very weak, we have been pursuing with the State Governments to strengthen their health infrastructure in the tribal areas.

[Translation]

SHRI RAM VILAS PASWAN : Mr. Speaker, Sir, Kala-Azar is an extensive form of malaria. I have been raising the issue of Kala-Azar in this House from time to time since 1977. The figure of 270 given by you may be of malaria, but in Bihar, more than 25 thousand persons have died due to Kala-Azar during the last 10 years. The main reason behind is that DDT has not been sprayed there during the last 10 to 15 years. What steps have been taken by the Government to check Kala-Azar and Malaria, particularly in Bihar, how much aid has been taken from the WHO and how much of the total aid has been spent in this regard ?

[English]

MR. SPEAKER : This is restricted to Gujarat and Madhya Pradesh.

SHRI RAM VILAS PASWAN : You go through the reply.

MR. SPEAKER : The main question relates to Malaria.

SHRI RAM VILAS PASWAN : You go through the reply. He has mentioned seven States. "The Government proposes to take up intensive malaria control measures in the tribal areas of seven States, Andhra Pradesh, Bihar, Madhya Pradesh, Orissa, Gujarat and Maharashtra." My supplementary originates from the reply.

SHRI PABAN SINGH GHATOWAR : This question mainly pertains to malaria and cannot give the details. But I have some information about Kala-Azar. Actually, the epidemic of Kala-Azar is more prevalent in the 19 districts of Bihar. From the Central Government side

during the last three years we have given Rs. 20 crores each year to the Bihar Government to update the treatment facilities in the districts infected by Kala-Azar.

MR. SPEAKER : Dr. Vasant Niwruitti Pawar, I am allowing the doctors to ask the questions.

DR. VASANT NIWRUTTI PAWAR : The National Malaria Eradication programme needs to be revamped because there are threats of cerebral malaria. To eradicate malaria we have to control the chain of transmission, especially of the culex mosquito. I would like to know whether the culex mosquito has developed resistance to DDT and whether we are going to manufacture Malathion which is to be spread for controlling the culex mosquito.

Secondly, malaria has to be controlled by drugs like Chloroquine, Malacide, Nivoquine, Quinine, etc. Does the project which was submitted to the World Bank contain any proposal—or does the Government plan—to manufacture these drugs which should be available in ample form to supply to the tribal areas of the country ?

MR. SPEAKER : Shri B. Shankaranand.

AN. HON. MEMBER : He is not a doctor reply !

MR. SPEAKER : He is a Minister.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : There was a time when we had almost eradicated malaria from this country. That was in 1965. Thereafter we became a little complacent and the mosquitoes also developed a resistance capacity; they became a little mischievous. They are trying to avoid this medicine; side by side also the State never took seriously to take effective measures for controlling malaria, let alone providing medicines, but even for DDT spraying also. Much of the DDT went to the protection of the crops, for the insecticide rather than using it for prevention of malaria. Thereby the incidence of malaria increased.

The question relates to the tribal areas of the country and we have indentified seven States wherein certain broad guidelines have been proposed and we have a projected them. A concept paper has been prepared by the World Bank. For

this purpose we have also appointed a task force and that task force has given its various recommendations. I do not want to take the time of the House with the recommendations.

They say that instead of a centralised approach for the control of malaria, the scheme should be decentralised, micro-level planning should start, that we should start right from the village, the area which is most affected. Then they say that there must be some sort of malarigenic stratification which has to be exercised by the States and for this the community involvement is most essential. Unless the community is prepared to accept and is awakened to the needs of the society the Government supply alone will not be able to solve this problem. The State Governments are spending 50 per cent, the Central Government is giving 50 per cent, we are providing funds, drugs and other equipment. But they have to provide the personnel, vehicles and other things which are required to effectively employ these drugs and medicines which we are going them.

Sir, these guidelines had also been sent to these seven States Governments and we are expecting their reply. If they do not reply, then shortly we will call for a meeting of these State Governments to formulate effective control measures which are to be projected as a detailed

project report to the World Bank. *(Interruptions)*

MR. SPEAKER: I have given 22 minutes to this question. Now Question No. 222.

[Translation]

COAL PROJECTS

*222. SHRI HARKEWAL PRASAD: Will the Minister of COAL be pleased to state:

(a) whether the Government have fixed any norms to make monitoring system more effective to ensure the timely completion of coal projects;

(b) if so, the details thereof; and

(c) the other steps being taken for timely completion of these projects?

[English]

THE MINISTER OF STATE OF THE MINISTRY OF COAL (SHRI AJIT PANJA) (a) to (c): A statement is laid on the Table of the House.

STATEMENT

(a) and (b): Yes, Sir. The system of monitoring of projects at various levels have been standardised as per details given below:—

Level	By	Periodicity
(1) Area	General Manager	Monthly
(2) Subsidiary Company	Chairman-cum-Managing Director Director (Projects)	Monthly
(3) Holding Company	(i) Chairman (ii) Board of Directors	Monthly (by exception) Major projects are reviewed in every meeting.
(4) Government	(i) Adviser (Projects) Secretary (ii) Minister	Monthly (by exception) Quarterly (major delayed projects)