

would like to state here that all the catch by deep sea fishing is not consumed within the country.

AN HON. MEMBER: The point is that the entire fauna is being affected.

SHRI LOKANATH CHOUDHURY: Sir, I would like to know how many deep sea fishing vessels have been given licences during the last two years and how many of them are owned by the Indian companies and how many of them are hired by the Indian companies?

Part (b) of my question is whether the Government have any mechanism to stop encroachment of the vessels, operating in the deep sea, on the coastal region? If there is any mechanism, let us know about the mechanism?

Sir, part (c) of my question is that the Government has said that they have received representations from the fishermen. I would like to know what are their main objections.

MR. SPEAKER: Only you answer (a) and (b), not (c).

SHRI TARUN GOGOI: Sir, we have not given any licence to any multinational or foreign company. We have already stopped that. I have given permission for 148 vessels. But, as on today, 34 vessels are in operation.

SHRI LOKANATH CHOUDHURY: Sir, I would like to know how many of them are hired and how many of them are Indian?

SHRI TARUN GOGOI: Sir, these are operated by Indian owned companies.

SHRI LOKANATH CHOUDHURY: Sir, I would like to know how many of them are hired and how many of them are owned by both?

SHRI TARUN GOGOI: These are all owned by Indian companies.

[Translation]

SHRI ANNA JOSHI: Mr. Speaker, Sir the way in which boats are allowed for deep-fishing.

[English]

They are well equipped and as soon as they get the fish, they process it.

They pack it and send it to the foreign countries. That has affected the Indian market. Thirty per cent of the Indian population eat fish and they are not getting fish in sufficient number and the cost has increased very much. Therefore, my first question is — what are you going to do for the benefit of the Indian consumers for getting fish?

MR. SPEAKER: This is a question about those who catch the fish and not eat the fish.

SHRI ATAL BIHARI VAJPAYEE: How can you eat fish without catching fish?

SHRI ANNA JOSHI: Sir, the second part of my question is, the Minister has stated in the first question that the Expert Committee has on one side said that this does not affect the Indian fishermen, if this does not affect then why have you stopped the process of giving licences?

SHRI TARUN GOGOI: Sir, the availability of fish in the domestic market has gone up. In 1981-82 it was 24,00,044. Now, in 1993-94 it is 46,00,091. There has been an increase of 95 per cent in fish production. The availability is more in the market.

SHRI ANNA JOSHI: Is it for the Indian people?

SHRI TARUN GOGOI: I am talking of Indian people only.

[Translation]

SHRI SHANKARSINH VAGHELA: Sir, through you I would like to know from the hon. Minister that in view of the unanimous opinion of the whole country and small fishermen that profession of fishing should be kept reserved for traditional fishermen only and whether he is going to make any arrangements that no more permits will be given to other agencies for fishing.

MR. SPEAKER: That has already been stated.

[English]

SHRI OSCAR FERNANDES: Sir, the question is about the fishermen and the small fishermen. Now, by allowing these vessels to fish in deep waters, the benefit directly flows to a different section of people. What we are concerned is about the small fishermen. How will they be helped by the Government to go in for deep sea fishing? What facilities will we be able to provide to them — whether we are willing to give training to the small fishermen and ultimately be able to help them in acquiring the knowledge of deep sea fishing with trawlers? The gap is about one million tonnes of fish. That is not exploited. I would like to know as to how our fishermen will be able to go in for this?

SHRI TARUN GOGOI: In fact we are going to provide some incentives to these fishermen, if they form a cooperative we will give them incentives so that they can go for deep sea fishing.

Malaria Epidemic

+

*162. DR. ASIM BALA:

SHRI UDDHAB BARMAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether the Government are aware of the massive resurgence of Malaria in the country;

(b) the total number of Malaria cases reported in the country and the number of deaths as a result thereof during the last three years, State-wise and year-wise and during April-September, 1994;

(c) whether the Union Government have provided any kind of assistance to the State Governments under the National Malaria Eradication Programme during the last one year;

(d) if so, the details thereof, State-wise;

(e) whether the Government have reviewed the ban on import of some Malaria drugs;

(f) if so, the details thereof; and

(g) the concrete steps taken for total eradication of Malaria in the country?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) to (g) A Statement is laid on the Table of the Lok Sabha.

STATEMENT

(a) Local out-breaks of malaria have been reported from Rajasthan, Nagaland and Manipur during the current year which have since been controlled.

(b) A statement is attached at Annexure I.

(c) and (d) Insecticides, drugs and technical assistance are provided to the States as a part of the National Malaria Eradication Programme. The details of expenditure on the States are given at Annexure-II.

(e) and (f) There has not been any ban on the import

of anti-malarial drugs. However, only those drugs can be imported which have passed the clinical trials for safety and efficacy.

(g) Steps taken include:

- early case detection and prompt treatment
- selective spray with appropriate insecticides
- health education and community participation
- vector control by bio-environmental and chemical methods in urban areas
- making drugs available at village level.

ANNEXURE-I

State wise details of Malaria Cases and Deaths during the years 1991, 1992, 1993 and 1994 (April-September)

Name of the State/UT's	1991		1992		1993		1994 (April-Sept.)		1994 (Upto Oct.)	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Andhra Pradesh	82292	2	80305	—	86253	7	38812	1	61268	5
Arunachal Pradesh	18729	—	19113	—	29666	—	10820	—	8949	—
Assam	107572	36	95168	20	115000	48	49885	45	66386	58
Bihar	60332	14	65362	21	75845	2	19685	—	18580	—
Goa	2879	—	848	—	2227	—	2282	—	524	—
Gujarat	404735	37	348532	28	304109	25	120320	—	144426	2
Haryana	34011	—	16662	1	22032	—	20542	—	21205	—
Himachal Pradesh	20115	—	7251	—	4062	—	2170	—	2228	—
Jammu & Kashmir	4656	—	1244	—	784	—	1705	—	1733	—
Karnataka	44565	8	81057	—	196466	—	64559	—	128527	—
Kerala	6758	—	8255	2	9277	9	5881	—	4231	—
Madhya Pradesh	282681	28	269930	39	283600	2	95478	7	94062	14
Maharashtra	145310	15	203812	2	327137	9	144155	1	172431	—
Manipur	640	—	2219	9	1896	—	2062	2	572	45
Meghalaya	11155	—	11283	—	10045	33	4893	4	2927	34
Mizoram	12486	12	20592	36	13166	—	8550	33	9047	37
Nagaland	2422	—	2218	—	1584	118	1508	—	1714	253
Orissa	414550	233	362390	155	323576	—	135591	—	123019	64
Punjab	36649	—	23225	—	15944	19	11849	—	12174	—
Sikkim	46	—	208	1	68	—	19	—	23	—
Rajasthan	77573	10	121499	55	107797	—	35824	—	56913	385
Tamil Nadu	144762	4	151633	2	148057	19	61040	—	35836	—
Tripura	6992	7	9350	6	9206	—	6062	11	8066	16
Uttar Pradesh	112118	—	135242	—	114017	—	79244	—	40916	—
West Bengal	40452	13	49130	43	46138	37	37066	24	29735	35
Pondicherry	563	—	2134	—	914	—	278	—	462	—
A&N Island	1765	2	1688	1	1598	1	703	—	1052	—
Chandigarh	26046	—	17559	—	9735	—	6017	—	6599	—
D&N Haveli	5101	—	6676	—	8121	—	2394	—	2930	—
Daman & Diu	1010	—	1199	—	1565	—	818	—	988	—
Delhi	8491	—	11241	1	4919	—	5901	—	6063	—
Lakshadweep	4	—	1	—	15	—	—	—	—	—

ANNEXURE-II

Central Assistance provided to the States/UTs during 1993-94 under National Malaria Eradication Programme

Name of the State/UT	Rs. in lakhs
Andhra Pradesh	566.62
Arunachal Pradesh	68.33
Assam	435.78

Name of the State/UT	Rs. in lakhs
Bihar	1099.45
Goa	3.93
Gujarat	502.00
Haryana	188.55
Himachal Pradesh	64.79
Jammu & Kashmir	108.95
Karnataka	241.05
Kerala	17.73
Madhya Pradesh	1422.29
Maharashtra	810.94

Name of the State/UT	Rs. in lakhs
Manipur	58.08
Meghalaya	51.16
Mizoram	67.08
Nagaland	105.73
Orissa	190.67
Punjab	468.49
Sikkim	6.01
Rajasthan	779.38
Tamil Nadu	95.90
Tripura	173.46
Uttar Pradesh	969.46
West Bengal	236.81
Pondicherry	8.99
A & N Islands	64.90
Chandigarh	42.51
D & N Havali	18.92
Daman & Diu	4.32
Delhi	29.80
Lakshadweep	2.90

DR. ASIM BALA: The areas which are infested with mosquitoes and which have stagnant water in abundance are mainly responsible for the Malaria epidemic. Even in Delhi, the area around the M.Ps quarters is very much infested with mosquitoes. I do not know why such things are allowed to happen. We have complained to the NDMC people also a number of times but no preventive measure has been taken so far. A few days back it appeared in the newspaper that Indira Gandhi Canal remained stagnant in Rajasthan. Members have expressed a view that due to this stagnation there is no flow of water in that canal and all this has resulted in the Malaria epidemic in Rajasthan. I would like to know from the Minister whether the Government had this prior information; if so, why no step was taken to prevent the spread of this epidemic. I would like to know what preventive steps are now being taken by the Government to see that this do not recur in future.

SHRI PABAN SINGH GHATOWAR: Sir, it is true that the mosquitoes breed in stagnant water. We have a National Malaria Eradication Programme which is equally shared by both the Central and the State Government. We have directed the State Governments to spray DDT and other such insecticides, especially during the breeding season so that the mosquitoes are not allowed to grow. All the State Governments have staff specially appointed for this purpose. It is true that the Indira Gandhi Canal has contributed a lot in the recent resurgence of Malaria in Rajasthan. Apart from this, this area had heavy rains last time due to which a lot of stagnant water could be seen in several places. Otherwise, that is not a Malaria prone area. This stagnant water has resulted into the breeding of mosquitoes, which in turn has resulted in the resurgence of Malaria in that part.

From the Government side, we have alerted the State Government. We have sent an expert team to visit the affected areas, like the Jaisalmer and Barmer. We have given additional help to the State Government to control any resurgence of Malaria in those areas. It is not true that we have not taken any action. We have taken all possible steps to provide them DDT and other medicines but the State Governments are not properly following the spraying

schedule. This is one of the main reasons for the spread of this epidemic.

DR. ASIM BALA: Irrespective of the fact that the Central Government has given all assistance to the State, the number of Malaria cases is increasing day-by-day. What steps the Ministry is going to take to stop this increasing trend? May I know the Centrally sponsored scheme in this regard for the State of West Bengal?

SHRI PABAN SINGH GHATOWAR: Sir, I have already said that the National Malaria Eradication Programme is being shared equally by both the Central and State Government. The staff required for the implementation of this programme is being maintained by the State Government. The States which are not following the spraying schedule are creating problems. We are in constant touch with these State Governments and we are pressing them to strictly observe the spraying schedule. If we do not control mosquitoes during their breeding season, it will create problem for us.

SHRI UDDHAB BARMAN: The Statement given by the hon. Minister is a bit confusing and conflicting. It is mentioned in the statement that incidence of Malaria has been reported from Rajasthan, Nagaland, and Manipur. But in the figures he has supplied in the reply it is mentioned that death toll in Assam due to malaria was 58. In Assam also there is a resurgence of Malaria affecting a lot of people in different parts of the State, but this is not mentioned in the statement. It is clear from the statement of the Minister that incidence of Malaria and resultant deaths in the North-East States is very high when compared to the population figures of that area. From the report, it is also clear that malaria deaths in Nagaland were 253 up to October, 1994 and it is followed by Assam with a death toll of 58. It is also clear from the reply that the funds from the Central Government to the six States of the North-East region under the National Malaria Eradication Programme amount to Rs. 7.8616 crores.

DR. ASIM BALA: In the light of the above, I want to know from the hon. Minister firstly, whether the Central Government is planning to take any concrete measures for eradication of malaria in that region; and secondly, when many research centres in that area are starved for funds whether the Ministry is going to increase allocation of amount of money to the States?

SHRI PABAN SINGH GHATOWAR: Sir, it is true that malaria is very much there in the North-East region. It is one of the most affected area. I personally held a meeting with the State Government of Assam, and I have discussed with them and I have brought to their notice the resurgence of malaria is some of the regions. The whole of the North-East region is very much short of funds. It is a very hilly and forest area, and the track is very difficult. So, the Government of India under the Chairmanship of our hon. Health Minister has held a meeting on the problems of the North-East region. We have in the Ministry also discussed the matter thoroughly and we have interacted with the State Government also. Now, the Government of India is thinking to give more help to the North-East States so that they can effectively meet the resurgence of malaria in the region.

[Translation]

SHRI DAU DAYAL JOSHI: Mr. Speaker, Sir, it seems that oilment worsened with every dose of medicine. Sir, in the year 1990 Central Government had made an announcement that malaria has been eradicated from the country. Then what are the reasons for resurgence of malaria in the country. I would like to say that the remedy made for this disease is not proper. There is saying:

*"Mithyaha Viharyam dosha haya Mashshayatra,
Varhinirasya Koshtani Jwardas Yurasanuga"*

There are five types of malaria:— Santal, Satko, Nmpushaka, Trityak, Chaturyako. I would like to say that in Rajasthan malaria spreads from Gujarat. State Government had made several requests to eradicate malaria but no proper arrangement were made for it. If there has been a provision of providing technical assistance and insecticides to eradicate malaria, it would have been very helpful. My first question is that so far how many State Governments have been given insecticides and the names of these insecticide and how much time was taken to deliver these?

My second question is that insecticides are being used for killing mosquitoes to eradicate Malaria. Fog machines are also being used but scientists proved that Fog Machines and DDT have become ineffective...
(Interruptions)

MR. SPEAKER: Your question is not clear.

SHRI DAU DAYAL JOSHI: My question is that whether the Government has found any new insecticide which may stop the spreading of malaria? it cannot be prevented through Fog Machine and DDT. These have become ineffective and useless things. Please clarify it.

[English]

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Sir, I know the hon. Member is an eminent ayurveda doctor. He takes interest in ayurveda medicine. I was a little surprised to hear from him that malaria entered Rajasthan from Gujarat. Sir, I am not going to talk about that now. But one thing I must inform the House and that is that when the outbreak of malaria took place in Rajasthan and other States, not only we sent teams to Rajasthan but also the Director-General (Health Services) and my colleague, the Minister of State for Health went deep into the affected areas of Rajasthan. Even the Prime Minister himself took a meeting and the Health Minister of Rajasthan was invited. I was also present at the meeting. We did discuss various aspects of the problem in the States. There was just a mutual understanding and the State never complained what the hon. Member is just now complaining about.

[Translation]

SHRI RAJNATH SONKAR SHASTRI: Mr. Speaker, Sir, the hon. Minister has stated in his reply that he has consulted many State Governments in this regard. In the year 1980 when the second phase of Malaria Eradication Programme was going on the Central and State Governments had given a slogan that No. Mosquitoes, No Malaria (Na Machhar Rahenge, Na Malaria Rahega). But

after five years that slogan has changed that Mosquitoes will be there but there will be no Malaria (Machhar Rahenge Kintu Malaria Nahin Rahega) Today, the position is that Mosquitoes are there and Malaria is also there. Eastern parts of Uttar Pradesh and Western parts of Bihar particularly Terai region are so badly infested with this disease that you can't even imagine. An ordinary insecticide like DDT is also not available for spraying in eastern Uttar Pradesh. It is not made available even after repeated reminders. I would like to know from the hon. Minister as to why these slogan have become ineffective? At present people are not getting the medicine for spraying which is a primary need for this. I would like to know as what steps are being taken by the Central Government to make it available easily?

I have read the reply, in which it has been stated that an assistance of Rs. 1099 lakh has been given to Bihar, Rs.1422 lakh to Madhya Pradesh and Rs. 669 lakh 45 thousand have been given to Maharashtra and Uttar Pradesh. I would like to know the basis of this allocation of funds? Whether it is on the basis of population or number of patients suffering from malaria?

[English]

SHRI PABAN SINGH GHATOWAR: Sir, I have already stated that we give all the medicines and all the insecticides to the State Government. The States engage their own staff for spraying. Recently when we had taken a review meeting, we found that the States were using the contractors for spraying. They are not regular staff. The medical staff are also not properly trained to meet the ground situation. So, we have taken all the steps for upgrading and updating the system prevailing in the States. It is true that we are giving help to all the States. In Uttar Pradesh, last year also, we had given Rs. 9.69 crore.

MR. SPEAKER: He wants to know the criteria by which the money is being given.

SHRI B. SHANKARANAND: The hon. Member has asked about the pattern of assistance to the States. I hope that is what he wants to know.

MR. SPEAKER: The basis on which the money is given.

SHRI B. SHANKARANAND: The programme is implemented on 50:50 cost basis. The Central Government provides assistance to the States in kind and its share and the following materials are supplied by the Centre to the States:

- (1) all imported insecticides/anti-malarials/equipments;
- (2) DDT/BHC/Malathion;
- (3) Diazinon.

[Translation]

SHRI RAJNATH SONKAR SHASTRI: What are the basis of this distribution.

[English]

SHRI B. SHANKARANAND: The State Governments meet the expenditure on the following items out of their share allocated on 50:50 basis.

- (1) The entire operational cost on the approved

scheme including expenditure and training of panchayat members;

(2) Malathion from indigenous sources other than HIL, BHC, sprays, sprayer vehicles and kerosene.

In case the Central Government assistance provided in kind is less than the allocation made to the State Governments, the balance is reimbursed by the Central Government. Sir, this is the pattern that we are following. The other basis is the requirement of the States where the determinant is not population but the area which is affected by the epidemic. Already, under the National Malaria Eradication Programme, not only these three States but from all the States requests have been received on the basis of pattern of assistance and the area that is affected.

[Translation]

SHRI HARIN PATHAK: Mr. Speaker, Sir, I have come to the Parliament after 15 days as I was down with malaria. I would like to put up main reasons before this House. As the hon. Minister has told that 1 lakh 44 thousand cases of malaria and two cases of deaths due to that have been registered in Gujarat. There are two types of malaria - cerebral and falciparum. Malaria occurs due to mosquitoes. A person who is suffering from general type of malaria, he recovers in 2-3 days but the person suffering from falciparum dies within 24 hours and in cerebral the patient remain unconscious for many days. I would like to know as to whether you are going to send a special team to collect the correct data regarding malaria patients? For the last six months 100 persons have been affected from this disease. During my illness for the last 15 days I studied about this disease. At present the DDT, spray and fog machines have become useless and cannot kill mosquitoes at all. It has been proved that these equipments have become totally ineffective.

MR. SPEAKER: Whether the machines have also been proved ineffective?

SHRI HARIN PATHAK: By the smoke of fog machines, not a single mosquito is killed. Please take it seriously and find out the reasons of breeding of mosquitoes through research centres so that they could be destroyed. The figures regarding spread of malaria are on the increase. I, therefore, would like to say that special medicines and mosquito insecticides should be discovered. Are you going to take any action to conduct research work in this regard.

[English]

SHRI B. SHANKARANAND: Sir, I agree with the hon. Member that the DDT has become friendly with the mosquitoes and no more result can be achieved by the use of DDT.

And that has been the opinion of the scientific people also. We are in search of other alternatives. But it has been found that other alternatives have been very costly; sometimes 12 times more than the cost of the DDT....(Interruption)....However, we are trying to find out the other alternatives and DDT will be phased out.

The hon. Member referred to only two deaths. These figures are upto October 1994. These figures have not

been produced by the Central Government; they are mentioned in the House as received from the State Government. We will definitely interact with the State Government and review the entire situation. If this is the situation, we accept the suggestion of the hon. Member.

SHRI K. PRADHANI: As per the figures supplied by the hon. Minister of Health, the cases of attack of malaria in Orissa in the year 1991 were 4,14,000 and odd; in 1992, the number was 3,62,000; in 1993, the number was 3,23,000; in April so far the number is 1,35,000 and so on. It seems the death rate in the State, though it is a small State, is comparatively one of the highest in the country. The money supplied to the State is only Rs. 190 lakh. What is the criterion to give such less money to the State where the number of cases due to malaria death is highest?

SHRI PABAN SINGH GHATOWAR: It is true that there are lot of malaria cases in the State of Orissa. We have taken a review of the malaria cases of our country. We have found out that most of the falciparum cases of malaria are in the tribal areas. Though its population is seven per cent in the country, 30 per cent of the physipherum cases of malaria are among the tribals of our country.

The Government of India has recently taken a review of the whole situation. We are going to formulate a new policy to control the malaria problem in the tribal areas. The State of Gujarat and the State of Orissa have been included in that new formulation. The Government of India is very serious and is trying their best to control this disease in the tribal areas.

[Translation]

Child Mortality Rate

*163. SHRI JAGMEET SINGH BRAR:
SHRI NITISH KUMAR:

Will The Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- the child mortality rate in the country at present;
- whether this rate has declined during the last few decades;
- if so, the details thereof;
- whether country's child mortality rate is higher than the world child mortality rate;
- if not, the actual position thereof; and
- the steps taken to bring down the child mortality rate in the country?

[English]

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) The child mortality rate in 1992 was estimated at 26.5 per thousand children as per Sample Registration System.

(b) Yes, Sir.