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 occures 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 unconcious 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 will 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 phylsipherum 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:

(a) the child mortality rate in the country at present;

(b) whether this rate has declined during the last few decades;

(c) if so, the details thereof;

(d) whether country's child mortality rate is higher than the world child mortality rate;

(e) if not, the actual position thereof; and

(f) 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.

(c) Child mortality rate as per Sample Registration System in the last few decades was:

| Year | Child Mortality Rate |
|---|---|
| 1972 | 57.3 |
| 1982 | 39.1 |
| 1992 | 26.5 |

(d) and (e) 41 countires have a child mortality rate higher than that of India while 103 have lower, rates, according to the UNICEF report "State of World's Children 1994".

(f) Immunization, oral rehydration thereby, control of acute respiratory infections, prophylaxis against Vitamin-A deficiency, essential newborn care, promotion of breastfeeding, strengthening of maternal care and family planning services are being provided to reduce child mortality rate.

SHRI JAGMEET SINGH BRAR: Irrespective of the best efforts of the Government, I do feel that still child mortality rate is very high in the country. The child immunization programme, irrespective of the efforts of the Government, has been taken up so effectively.

I would like to know what steps are being taken to provide tripple antigen and adequate immunisation like polio vaccination to children in rural areas of the country. There is a feeling that if the health of the mother is good and if a pregnant women gets adequate nutritious food then only the child mortality rate will come down. In the rural areas the tripple antigen and polio vaccination are still not available. So I would like to know what steps the Government wants to taken in that direction.

SHRI PABAN SINGH GHATOWAR: Sir, in my written reply, I have said that the child mortality rate was 57.3 per cent in 1972 and now it is 26.5 per cent. There is considerable reduction in the mortality rate. The immunisation programme in our country is one of the success stories. It is lauded by UNICEF also that we have almost achieved 98 per cent immuniation in the country.

In some of the States where we are not performing well, we are in constant touch with those States and are trying to boost up their immunisation programme so that we can save our children from the untimely death.

SHRI JAGMEET SINGH BRAR: Sir, my specific supplementary was, what steps the hon. Minister would like to take to improve the health of the pregnant women and is there any programme with the Government to give nutritious food to them?

SHRI PABAN SINGH GHATOWAR: He have taken up a scheme called 'Child Survival and Safe Motherhood', Under this programme we have taken some of the important steps which I want to state.

First is sustaining and expanding the ongoing universal immunisation programme and oral rehydration therapy; improving the maternal care in community level by providing training to the traditional birth attendants in disposal of delivery cases; expanding phased manner programme of the control of acute respiratory infection; setting up of the phased manner network of sub district level; and lastly fast referral unit to improve the emergency obstetrics care in the States.

In that programme we have included the immunisation, prevention and treatment of anaemia of the mother, anti-natal care, early identification of maternal complications, delivery of trained personnel, promotion of institutional delivery, management of obstetrics emergency and birth spacing as a health measure. These are the schemes which we have taken for the mothers.

*[Translation]*

SHRI RAM VILAS PASWAN: Mr. Speaker, Sir, the matter of health relates to both Central Government as well as State Governments. I would like to say that treatment of a disease is a different thing but in villages there is the problem of proper diagnosis of the disease and when it is diagonised it becomes too late to save the patient. Therefore, I would like to know as to whether the Government is going to convene a meeting of Health Ministers of State Governments to decide that arrangements should be made to issue 'Health Card' for every child at the time of birth itself so that the health of the child could be monitored and the parents could start treatment of their child at the primary stage of the disease if the child has any such problem. Whether the Government has any proposal for making arrangements for 'Health Card' for every child with the help of the State Government?

*[English]*

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND: We have had Central Health Council Meeting where all the Health Ministers of States participated and these points were discussed in that meeting. Of course, the suggestion which the hon. Member is now giving of providing a health card for the child, is a new suggestion and deserves consideration.

SHRI PRITHVIRAJ D CHAVAN: The hon. Minister has given some figures in Part (a) to the question and he has quoted some sample registration system. But the basic problem is with the definition.

Sir, the standard definitions used by the United Nations are either infant mortality rate or in case of children under five mortality rate. I have got here the Human Development Report of UNDP 1994. The figures given in the UNDP are 89 for infant mortality rate and 130 for under five mortality rate. I would like to know what are the figures that he is using in the Sample Registration System, which only gives the mortality rate of 26. There is a huge divergence between 26 and 130. I would like to know the definition that he is using for child mortality rate. Is it infant morality rate per thousand or under five mortality rate per thousand? Why is there divergence between these figures?

SHRI PABAN SINGH GHATOWAR: The child mortality rate covers from zero to four years and the infant mortality rate covers under one year ...*(Interruptions)*

SHRI PRITHVIRAJ D. CHAVAN: What are the figures? Is ...*(Interruptions)*.

MR. SPEAKER: Is it child or infant?

SHRI PABAN SINGH GHATOWAR: I think, it is child: *(Interruptions)*

SHRI PRITHVIRAJ D. CHAVAN: There is a huge divergence between 26 and 138. They must clarify it.

SHRI B. SHANKARANAND: The infant mortality rate necessarily means from zero to one year and the child mortality rate is from zero to five years.

MR. SPEAKER: The question is, whether the figures given relate to child or infant.

SHRI B. SHANKARANAND: They refer to infant mortality rate.

*[Translation]*

SHRI LAKSHMAN SINGH: Hon. Mr. Speaker, Sir, through you, I would like to know from the hon. Minister as to whether it has any proposal for introducting mobile hospitals to reduce the child mortality rate which is 26.5 per cent at present. Mr. Speaker, Sir, mostly children die in rural areas and it is impossible to set up hospital in each and every rural area. In view of this whether the Government proposes to introduce mobile hospitals in rural areas to reduce the child mortality rate.

*[English]*

MR. SPEAKER: I think, the responsibility is shared by the State Government and the Central Government.

SHRI B. SHANKARANAND: An effort about mobile hospitals was made in 1977. But unfortunately it did not succeed. That being the past experience, the State Governments have to consider their responsibilities and the burden on their Budget because we have taken, I have already stated, the pattern of assistance to the States and it deserves consideration by the State Governments.

SHRI RAM KAPSE: As far as child mortality is concerned, the deaths of the children in the tribal areas of Maharashtra, especially in Amravati and in Thane Districts, were more in number last year. In one District, it was more than 100. I would like to know what steps have been taken by the Central Government as far as deaths in the tribal areas of Maharashtra are concerned. The real porblem is nutrition. Malnutrition is the real problem. What steps have been taken in that direction?

SHRI PABAN SINGH GHATOWAR: Sir, I have told about the CSSM programme and under that programme, essential new born care, immunisation, management of diarrhoea, management of ARI and vitamin F prophylaxis are given.

As far as the tribal areas are concerned, we have a lessar population requirement for having this sub-centre and the PHCs when campared to other places in India....*(Interruption)*

SHRI RAM KAPSE: I have specifically asked about some Districts in Maharashtra.....*(Interruptions)*

SHRI PABAN SINGH GHATOWAR: I do not have the inforamtion about those Districts.

*[Translation]*

SHRI SURYA NARAYAN YADAV: Mr. Speaker, Sir, the figures given by the hon. Minister are based upon the children registered but in rural areas the births of child is not registered even after one month and mortality rate is high among non-registered children. I would like to know from the hon. Minister as to whether he proposes to set up a hospital for a population of one thousand in rural areas.

MR. SPEAKER: State Governments are also responsible for it.

SHRI SURYA NARAYAN YADAV: Whether the Government of India proposes to do that or not?

SHRI PABAN SINGH GHATOWAR: There is no such plan but at present our country has problem in this regard.

*[English]*

60 per cent delivery is done by the untrained dais. The Government of India has taken up a scheme to train dais in the village level so that the trained dais can be helpful at the time of delivery.

MR. SPEAKER: The Queston Hour is over.

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*[English]*

## WRITTEN ANSWERS TO QUESTIONS

### Education in Ayurvedic Treatment

*164. MAJ. GEN. (RETD). BHUWAN CHANDRA KHANDURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to State:

(a) whether the Central Council of Indian Medicine has prescribed regulations for regulating post-graduate education in Ayurvedic treatment in all Universities having faculties of Indian systems of medicine;

(b) if so, the details thereof;

(c) whether these regulations have been implemented in the respective Universities and Ayurvedic Colleges/ Institutes;

(d) if not, the names of the Universities and Ayurvedic Colleges/Institutes which have not implemented these regulations and the reasons therefor; and

(e) the action taken by the Central Council of Indian Medicine in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) These regulations prescribe the standards, curriculum, criteria for admissions and details of examinations.

(c) and (d): Yes, Sir; except the (i) Banaras Hindu University (ii) Lucknow University (iii) Kerala University and (iv) Punjab University which are implementing the regulations with same modifications.

(e) The CCIM has recommended that the post graduate degrees of these Universities awarded after 1994 may be derecognized and the matter is under examination of the Central Government.