

1	2	3
28.	Dudhika . . . .	<i>Euphorbia hirta</i>
29.	Nirgundi . . . .	<i>Vitex nequdo</i>
30.	Shallaki . . . .	<i>Boswellia serrata</i>
31.	Dhav . . . .	<i>Anogeissus latifolia</i>
32.	Ghingani . . . .	<i>Odina woodier</i>
33.	Dhav . . . .	<i>Anogeissus latifolia</i>
34.	Kachnar . . . .	<i>Bauhinia variegata</i>
35.	Shleshnatak . . . .	<i>Cordia mixa</i>
36.	Parijatuka . . . .	<i>Nyctanthus arborristis</i>
37.	Kutaj . . . .	<i>Holarrhenia antidysenterica</i>
38.	Swetkutaj . . . .	<i>Wrightia tomentosa</i>
39.	Sariva (Anantmula) . . . .	<i>Hemidesmus indicus</i>

[English]

**Health Service in Rural Areas**

\*202. **Shri N. Dennis**: Will the Minister of **Health and Family Welfare** be pleased to state the details of the steps taken by Union Government to provide health services in rural areas through the Central Health Service ?

**The Minister of Health and Family Welfare (Shri M. L. Fotedar)**: Health Services in rural areas are provided by the State Governments and Union Territories Administration. However, the Central Government provides funds for rural family welfare centres and sub-centres. Central funds are also provided under special programmes to supplement health services in rural areas. Such special programmes include Area Development Projects for strengthening of the rural health infrastructure, Mother and Child Health Care Programmes including Universal Immunisation Programmes, and programmes relating to prevention of blindness and control of diseases like malaria, leprosy, T.B. and Kala-azar.

[Translation]

**Assistance to Bihar to Control Kala-azar**

\*203. **Mohammad Ali Ashraf Fatmi**:

**Shri Ram Lakhan Singh Yadav**:

Will the Minister of **Health and Family Welfare** be pleased to state:

(a) whether the Union Government have given any assistance to the Government of Bihar to control 'Kala-azar' disease during the last three years;

(b) if so, the details thereof;

(c) whether the Union Government had sent a team to Bihar to find out the causes of this disease and suggest measures to control it;

(d) if so the details of the report of the team; and

(e) the steps taken by the Union Government thereon?

**The Minister of Health and Family Welfare (Shri M. L. Fotedar)**: (a) to (e) The Government of India have been providing assistance in

cash and kind to the Government of Bihar for control of Kala-azar. Assistance provided during the last three years is as under :—

Year	Cash (Rs. in lakhs)	Kind	Total
1988-89	150.00	135.74	285.74
1989-90	100.00	270.20	370.20
1990-91	—	389.49	389.49

An expert team constituted by the Government of India under the Chairmanship of Dr. C. P. Thakur visited the Districts of Darbhanga, Sahebganj and Patna in Bihar State and Murshidabad and Calcutta in West Bengal during December, 1990 to assess the Kala-azar Control Programme and submitted its report on 14-12-90. The important recommendations of the team are as under :—

- Strengthening of diagnostic facilities at Primary Health Centre and district level and to develop medical college hospitals to act as centres for training and research.
- Systematic follow up of cases, during and after treatment.
- To adopt the treatment schedule suggested by an expert committee constituted by Government of India in 1989.
- Ensuring effective and timely DDT spraying.
- Adequate and timely release of funds.
- Avoidance of frequent transfer of health personnel engaged in Kala-azar control activities.
- To formulate and implement a separate national programme for control of Kala-azar, fully funded by the Government of India.
- Organising effective health education.

Based on the recommendations of the expert team, an operational plan was prepared for the ten endemic districts of Vaishali, Samastipur, Muzaffarpur, Sitamarhi, Darbhanga, Madhubani, Saharsa, Begusarai, Sahibganj and Purnea in Bihar involving an outlay of Rs. 39.68 crores for four years in January, 1991. The operational plan for 1991-92 was revised and finalised in consultation with the State Government in April, 1991.

The plan envisaged procurement and supply of imported drug (pentamidine)/insecticide and financing the cost of the indigenously manufactured drug (sodium Stibogluconate) to be procured by the Government of Bihar. The Government of Bihar were to identify health workers at the Community Health Centre (Block level)/sub-centre/Primary Health Centre for Kala-azar Control operations and establish facilities for treatment at sub-centre/Primary Health Centre/Community Health Centre and District Hospital. Training of health workers and doctors in Kala-azar Control activities and health education was to be organised by the Government of Bihar. A State-level Kala-azar Control Board was to be established.

The Government of Bihar were to organise timely and effective DDT spraying (two rounds) by June, 1991. Between July, 1991 to January, 1992 intensive case detection, treatment, training of medical/para medical personnel and health education activities were to be organised.

During 1991-92 (upto 10th July, 1991) the Government of India has supplied (i) about 806 Metric tonne of DDT for spraying and (ii) 10,000 vials of imported drug (pentamidine).

The Government of Bihar has reportedly neither been able to organise two rounds of effective spraying nor has so far established the organisational structure as envisaged in the agreed operational plan.