

on the basis of the principles of mutually advantageous bilateralism, equality and reciprocity.

#### **Malaria in Delhi**

732. SHRI F. H. MOHSIN:  
SHRI HARI VISHNU  
— KAMATH;

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

(a) whether Malaria was wide-spread in Delhi and other parts of the country;

(b) the reasons therefor; and

(c) the steps taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) Yes, the incidence of malaria has increased in Delhi as well as other parts of the country during the past few years.

(b) and (c). A statement giving the required information is enclosed.

#### **Statement**

(b) The main reasons for the rise in the incidence of malaria in Delhi and other parts of the country are as follows:—

(1) In Delhi, anti malaria operations are executed by Delhi Municipal Corporation, New Delhi Municipal Committee and six other smaller agencies in the respective areas. Due to multiplicity of agencies the operations have suffered. It has now been decided to have a unified authority for controlling malaria under Delhi Administration.

The urbanisation of Delhi has been expanding very fast during the last few years. The existing agencies could not however cover the various new colonies adequately with anti-larval measures.

(2) Some of the vectors of malaria have developed resistance to DDT in some localities and to BHC in some other areas with the result that other alternative but more expensive insecticides have to be used to control the disease.

(3) In some localities of North Eastern States strain of *P. Falciparum* resistant to chloroquine is present. However the resistance is only of a moderate level in most of the areas.

(4) Due to oil crises there have been increase in the cost of insecticides.

(5) Due to increase in development project in the country there has been enormous increase in the tropical aggregation of labour.

(6) In some parts of the country plastering immediately after the spray has adversely affected the efficiency of spray operations.

(c) The following steps have been taken to control the disease:

(1) A modified plan of operation has been sanctioned by the Government of India and is under implementation in the country from 1st April, 1977. Under this plan all the areas where the incidence of malaria is more than two per one thousand population will be brought under regular spray with appropriate type of insecticides as far as possible. For this purpose the insecticides will be supplied by the Government of India even for the maintenance phase areas which were not getting this assistance earlier.

(2) The cost of material and equipments is borne by Government of India after making only minor adjustment for maintenance phase areas.

(3) The units in the States have been reorganised according to the district patterns and district medical officer has been made fully responsi-

ble for the implementation of the programme.

(4) The entire cost of the state headquarter staff and the zonal staff according to the approved pattern of Government of India is met by the Government of India.

(5) 72 entomological teams have been provided to 72 zones in the country. These teams *inter-alia* assess the entomological situation, the susceptibility status of the vector and also suggest the appropriate type of insecticides to be used in the particular areas.

(6) Great emphasis has been laid on the supply of antimalarial drugs. These are made available not only through the malaria workers, hospitals, Primary Health Centres etc., but also through agencies like Panchayats, School teachers, fever treatment depots and malaria clinics. The antimalaria drugs will also be supplied through normal commercial channels.

(7) To reduce the timelag between collection of blood smears and their examination, the laboratory services are being decentralised to Primary Health Centres in attack and consolidation phase areas as well.

(8) The surveillance staff for the difficult areas has been augmented.

(9) Great emphasis is being laid on people's participation in the programme. For this purpose the Panchayats, School teachers and other voluntary organisations are being involved progressively.

(10) Health Education activities are being intensified by display of posters, distribution of folders and hand bills etc. Cinema slides have been prepared and are being exhibited in different towns. Metallic plates are also being prepared for display at Primary Health Centres. Mass media like radio and television are being utilised for the purpose. Films on malaria are also being exhibited.

(11) The research activities in malaria are being intensified to find answers for the various problems which have come up due to the setbacks to the programme. Both fundamental and operational research are being undertaken.

(12) In the Union territory of Delhi, it has been decided that Director of Health Services, Delhi Administration will monitor and supervise the work by the multiple agencies in the union territory 25 malaria clinic have been established. Fever cases will come for spot examination of their blood and immediate treatment.

#### Steps to ensure Smooth Functioning of Delhi Hospitals

733. SHRI M. RAM GOPAL REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the attention of the Government has been drawn to a news item appearing in the Delhi Press about the righ-handedness and interference in the day to day affairs of a Delhi hospital by the officials of the Ministry;

(b) if so, the facts thereof; and

(c) what remedial steps the Government propose to take to ensure smooth and proper functioning of the hospital?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) The case of Shri Satram Dass, who was admitted with stab injury in surgical ward, in Irwin Hospital on 17th April, 1977 has come to notice of Government but there is no incidence of high-handedness and interference in the administration of the hospital.

(b) and (c). Shri Satram Dass was discharged from Irwin Hospital on the 7th May, 1977, but he continued