

SHRI VAZHAPADY K. RAMAMURTHY: Sir, it is true that after the Bombay High exploration and the gas and oil struck, the country could not achieve any major oil struck in the country. Particularly for the last 6-7 years, not only we could not be able to succeed in our exploration, but our Bombay High deposit also has been decreasing. So, this is quite alarming and I share my anxiety with the hon. Member, Shri P. Shiv Shanker, particularly about the Krishna-Godavari Basin and the Cauvery Basin where the deep water drilling is a very high potential which we are expecting. I have to convey to the hon. Member that money is not a problem. We have also included all these blocks in the New Exploration Licensing Policy and we shall go ahead.

[Translation]

Incidence of Malaria and Brain Fever

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*162. SHRI UPENDRA NATH NAYAK:
SHRI BRAJ MOHAN RAM:

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

(a) whether the deaths caused by Malaria and Brain Fever are on the rise in Bihar and Orissa;

(b) if so, the number of deaths caused during the last three years till date, area-wise;

(c) whether any central team has visited the affected areas to assess the situation;

(d) if so, the findings thereof; and

(e) the steps taken/proposed to be taken to deal with the situation?

[English]

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (e) A statement is laid on the table of the Lok Sabha.

Statement

(a) and (b) No, Sir.

As per reports received in the Directorate of National Malaria Eradication Programme (NMEP) from the States, number of deaths due to Malaria during the last 3 years

in the States of Bihar and Orissa were as under:—

Year	Bihar	Orissa
1996	100	362
1997	37	377
1998 (Provisional)	25	327

District-wise information is at *Annexure-I*.

These States have not reported any deaths due to Brain Fever (Japanese Encephalitis) during the last three years.

(c) to (e) The disease situation is monitored regularly under the National Malaria Eradication Programme (NMEP) through Monthly Reports and field visits made periodically by the Officers of the NMEP to the States. Based on the reports and the recommendations after field visits, necessary technical guidance and material assistance is provided to the State Governments as and when needed. Central assistance is provided to the States of Bihar and Orissa on the basis of State demands, technical assessment and availability of resources.

The following strategies are being implemented for controlling malaria throughout the country including Bihar and Orissa under the NMEP:—

- Early case detection and prompt treatment.
- Selective and integrated vector control.
- Information, Education and Communication; mobilizing community participation and involvement through observance of Anti-Malaria Month etc.
- Capacity building through training of key field staff and strengthening of Management Information System.

In addition, an Enhanced Malaria Control Project with World Bank support essentially covering 7 Peninsular States, including Bihar and Orissa is being implemented since September, 1997 to supplement on-going strategies under the National Programme. A mix of new interventions/strategies envisaged under the World Bank

Malaria Control Project are as under:—

- Use of new generation insecticides like Synthetic Pyrethroids and Bio-larvicides (for selective vector control).
- Promotion of personal protection methods like use of Medicated Mosquito Nets (MMNs)
- Development of fish hatcheries (as Bio-environmental measure)
- New drugs like Artemisinin Injections for treatment of complicated and drug resistant cases.
- Rapid Diagnostic Kits for early detection of malaria.

— Manpower development for technical, supervisory and managerial positions through organisation of training programmes and development of efficient Management Information System.

— Enhanced Information, Education and Communication activities to create large scale public awareness and participation for prevention and control of malaria.

22 Districts in Orissa and 10 Districts in Bihar which are predominantly tribal and reporting high incidence of p. f malaria endemicity and mortality have been included in the World Bank assisted Projected. A List of these districts is given at *Annexure-II*.

Annexure-I

Number of Deaths due to Malaria in Bihar during 1996, 1997 and 1998

S.No.	Name of District	No. of Deaths due to Malaria		
		1996	1997	1998
1	2	3	4	5
1.	Patna	0	0	0
2.	Nalanda	0	0	0
3.	Gaya	0	0	0
4.	Jahanabad	0	0	0
5.	Nawada	11	0	0
6.	Aurangabad	0	0	0
7.	Bhojpur (Buxar)	0	0	0

1	2	3	4	5
8.	Rohtas	0	0	0
9.	Kaimur	0	0	0
10.	Saran	0	0	0
11.	Siwan	0	0	0
12.	Gopalganj	0	0	0
13.	East Champaran	0	0	0
14.	West Champaran	0	0	0
15.	Muzaffarpur	0	0	0
16.	Sheohar	0	0	0
17.	Sitamarhi	0	0	0
18.	Vaishali	0	0	0
19.	Darbhanga	0	0	0
20.	Madhubani	0	0	0
21.	Samastipur	0	0	0
22.	Bhagalpur	0	0	0
23.	Banka	0	0	0

1	2	3	4	5
24.	Mungar	0	0	0
25.	Shekhpura	0	0	0
26.	Lakhi Sarai	0	0	0
27.	Jammui	0	0	0
28.	Khagaria	0	0	0
29.	Begusarai	0	0	0
30.	Purnia	0	0	0
31.	Arrarria	0	0	0
32.	Kishanganj	0	0	0
33.	Katihar	0	0	0
34.	Saharsa	0	0	0
35.	Supaul	0	0	0
36.	Madhepura	0	0	0
37.	Dumka	0	0	0
38.	Sahebganj	2	0	0
39.	Pakur	0	0	0

1	2	3	4	5
40.	Godda	0	0	0
41.	Deogarh	0	0	0
42.	Ranchi	0	1	0
43.	Gumla	13	1	0
44.	Lohardaga	0	3	0
45.	East Singhbhum	24	20	7
46.	West Singhbhum	3	12	0
47.	Palamu	41	0	16
48.	Garhwa	0	0	2
49.	Hazaribagh	0	0	0
50.	Kodarma	0	0	0
51.	Chatra	6	0	0
52.	Giridih	0	0	0
53.	Dhanbad	0	0	0
54.	Bokaro	0	0	0
Total		100	37	25

Number of Deaths due to Malaria in Orissa during 1996, 1997 and 1998

Sl.No.	Name of District	No. of Deaths due to Malaria		
		1996	1997	1998
1	2	3	4	5
1.	Balasore	10	7	9
2.	Bhadrak	5	5	2
3.	Bolangir	10	2	2
4.	Sonapur	1	—	—
5.	Cuttak	4	3	1
6.	Kendrapara	0	—	—
7.	Jagatsinghpur	0	2	—
8.	Jajpur	3	3	1
9.	Dhenkanal	24	20	4
10.	Angul	2	5	8
11.	Ganjam	0	—	—
12.	Gajapati	3	1	—
13.	Kalahandi	20	28	51
14.	Nuapada	10	11	23
15.	Keonjhar	35	64	76

1	2	3	4	5
16.	Koraput	22	11	7
17.	Nabarangpur	8	9	13
18.	Rayagada	13	15	3
19.	Malkangiri	5	4	16
20.	Mayurbhanj	46	56	31
21.	Phulbani	21	28	16
22.	Baudh	3	2	5
23.	Puri	2	—	—
24.	Nayagarh	5	1	1
25.	Khurda	—	4	—
26.	Sambalpur	34	50	8
27.	Jharsuguda	2	0	2
28.	Deogarh	17	11	4
29.	Baragarh	28	10	11
30.	Sundergarh	29	25	33
Total		362	377	327

Annexure-II*List of Districts State-wise covered under the Project for Intensive Malaria Control Measures*

Name of State	District	Name of State	District
			Jharsuguda
			Bargarh
Bihar	Ranchi		Bolangir
	Lohardaga		Dhenkanal
	Gumla		Angul
	West Singhbhum		Kalahandi
	East Singhbhum		Jajpur
	Dumka		Sundergarh
	Sahebganj		Mayurbhang
	Godda		Koraput
	Palamu		Nawarangpur
	Garhwa		Malkangiri
Orissa	Balasore		Rayagada
	Ganjam		Jharsuguda
	Gajapati		
	Phulbani		
	Sambalpur		
	Deogarh		
	Nawapada		
	Keonjhar		

SHRI UPENDRA NATH NAYAK: Hon. Deputy Speaker, Sir, several posts of doctors are lying vacant in tribal areas of Orissa and Bihar, and particularly in my constituency, Keonjhar. I would also like to know what steps are being taken to post adequate number of doctors there.

SHRI DALIT EZHILMALAI: Sir, the hon. Member's question is regarding the posting of doctors. We, in the Union Government, are only managing the Malaria Eradication Programme. Posting of doctors mainly comes under the State Government. We do not have any authority to post our doctors elsewhere in the State.

SHRI UPENDRA NATH NAYAK: Sir, several posts of doctors are lying vacant in dispensaries. Doctors are not being posted in dispensaries. In some cases due to lack of communication and accommodation facilities, doctors are not interested to work in tribal areas. I would like to know what incentives are given to doctors for working in tribal areas. Also, sophisticated and costly medicines are not available in tribal areas. So, I would like to know what steps are being taken by the Central Government in this regard.

SHRI DALIT EZHILMALAI: Sir, I appreciate the concern of the hon. Member with regard to the posting of doctors in the tribal areas. In the Malaria Eradication Programme, we have marked some one hundred districts in the country where there is a 25 per cent or more population of tribals. These districts are supported by the Union Government with materials in kind, and not the manpower and infrastructure. These are the responsibilities of the State Governments. They have to provide these things.

SHRI CHENGARA SURENDRAN: Sir, in the Southern part of our country, especially in Kerala, red fever which is like Japan Fever (*Japanese Encephalitis*) is becoming very common. Recently, so many people have died due to this dangerous disease. It is a new disease. Body pain, vomiting, heavy headache, high fever, shivering and trembling are the symptoms of this disease. As soon as symptoms are seen, immediately precaution and treatment should be taken, otherwise the patients will die within a few days.

Sir, I would like to ask the hon. Minister whether the Government has any proposal to send a study team to conduct a deep study about its causes and remedies. The details of this disease are mentioned in every newspaper in Kerala.

MR. DEPUTY SPEAKER: Shri Surendran, the question relates to Bihar and Orissa. I do not know if the hon. Minister can reply.

SHRI CHENGARA SURENDRAN: This is happening in Kerala, especially in my constituency.

SHRI DALIT EZHILMALAI: Mr. Deputy Speaker Sir, this is...*(Interruptions)*

[Translation]

SHRI RAJO SINGH: Mr. Deputy Speaker Sir, first make arrangements for Bihar, as it is suffering from mosquito menace ...*(Interruptions)*

MR. DEPUTY SPEAKER: If you continue like this, you will not get any chance to ask question. If you do not interrupt, you will get a chance to ask question.

[English]

SHRI DALIT EZHILMALAI: Anyway, we take note of the statement of the hon. Member from Kerala. We have a surveillance unit. We will get in touch with the State Government. Actually, they are monitoring the developments. If there is something going on like that and if necessary, we will depute a team to investigate and do what is expected of the Union Government.

[Translation]

SHRI RAJO SINGH: Mr. Deputy Speaker, Sir, whenever the Minister, specially the Health Minister stands up to speak, he forgets Bihar. He remembers only his State.

MR. DEPUTY SPEAKER: Ask your question.

SHRI RAJO SINGH: Through you I would like to tell the Minister, that during the past few years malaria has not been eradicated from Bihar though attempt were made several times by the Central and the State Governments. I want to know from the Minister, the details of the intensive scheme formulated by the Government to eradicate malaria from Orissa and Bihar?...*(Interruptions)* If you take interest malaria can be eradicated.

MR. DEPUTY SPEAKER: Please listen to his reply also.

[English]

SHRI DALIT EZHILMALAI: Sir, I very much appreciate the sentiments of the hon. Member. It is unfortunate that I have to say that after all these years, at least 50 years

now, this disease has not been eradicated. I share his sentiments and absolutely join him. At the present level of scientific knowledge and given the population growth, it is very difficult to eradicate Malaria. It is spreading everywhere; at new construction sites, at places where population migrates and where there is water-logging. It is spreading everywhere. Therefore, at the best what we can say is that we will take some preventive action to contain the disease. I am absolutely not in a position to say when it is going to be eradicated. If a date is marked, I will be very happy to join him.

SHRI ARJUN SETHI: Mr. Deputy Speaker Sir, the hon. Minister may be correct technically when he says that there is no increase in the incidence of death due to Malaria.

You will find in the statement which they have supplied that in Orissa, the number of deaths due to malaria in 1996 was 362, in 1997, it was 377 and in 1998, the provisional figure was 327. Still, the hon. Minister says that the incidence of death due to malaria is not on the increase. So, I would like to know from the hon. Minister, who has stated that a number of measures have been taken, whether he would ensure, as my hon. friend from Keonjhar has stated, that the staff and the doctors who have to carry on these programmes are on the field so that the incidence of death due to malaria could be checked and also the infrastructural facilities that you have provided could be utilised for the benefit of the people.

SHRI DALIT EZHILMALAI: Sir, in the Government, we always speak the truth. Whatever statistics that we have given are true.

SHRI ARJUN SETHI: But it is on the increase.

SHRI DALIT EZHILMALAI: In the last ten years, going by the statistics, we can safely say that we have come to a stage where the incidence is not increasing.

The second part of the question is about the infrastructure and the field work in areas where malaria is found. As I have already said, it is a combined effort of the Union and State Governments, and from the Union Government side, we give support in material and kind. Actually, this is managed by the State Government agencies. We have around 50 malaria research centres here and there in the whole country. Apart from that, we do not do anything directly and we depend on the State Governments to handle any situation.

SHRI AJIT JOGI: Mr. Deputy Speaker, Sir, most member of malaria deaths are again taking place in the adivasi regions of the country specially, Bihar, Orissa, Madhya Pradesh and Maharashtra. We had proudly declared that malaria had been eradicated. Malaria causing mosquitoes are immune to traditional insecticides. The data provided by the minister, pertaining to the two States is very less. In each adivasi district, more people died of "Japanese encephalitis", then the figure given by you for the whole state. You have started a malaria eradication scheme in seven States, with the World Bank's assistance.

MR. DEPUTY SPEAKER: You ask your question.

SHRI AJIT JOGI: I want to know from you, whether, the Centre, will take the responsibility of eradicating malaria from the adivasi regions, as it was done by the Centre, during the initial period of independence, instead of leaving it to the States, as the new strain of mosquito is immune to traditional insecticides. The new strain of mosquito cause brain fever. Whether, keeping this in view, a scheme similar to which was started during the initial period of independence, under the aegis of the Centre, would be launched, and whether the scheme would be launched only in Bihar and Orissa or in all the States?

SHRI SHANKER PRASAD JAISWAL: The scheme formulated by the Congress Government in 1947, is in limbo...*(Interruptions)*

SHRI AJIT JOGI: The strain of mosquito which has come into existence in your reign cannot be killed...*(Interruptions)*

SHRI BHUPINDER SINGH HOODA: Your mosquitoes have increased...*(Interruptions)*

MR. DEPUTY SPEAKER: The Minister is replying and you are asking questions. How can both these things be done together?

(English)

SHRI RUPCHAND PAL: Sir, you are not looking at this side. It is a very important question.

MR. DEPUTY SPEAKER: I will look at you.

SHRI DALIT EZHILMALAI: I share the concern of the hon. member with regard to the problems of malaria in the tribal dominated places besides Bihar, Madhya Pradesh, Orissa and elsewhere.

One hundred districts have been earmarked and in these hundred districts, as I have already said, a special project has been started which is doing its work for quite some time now. Adopting more Districts for extending this programme, as the hon. Member has suggested, would be considered. The hon. Member is concerned about the causes of malaria and that malaria has become immune to the old drugs. We have to go in for new researches into this field. We will use the technology to contain this disease. But I am at a loss of words when he says that the Government started programmes after Independence and they are not being continued now. They have been continuing and they are there even now.

SHRI AJIT JOGI: Malaria has come back with a bang.

[*Translation*]

SHRI PRABHUNATH SINGH: Mr. Deputy Speaker, Sir, The figures put forth by the Government in respect of deaths are not correct, but the Government has accepted that people are killed. I would like to know from hon'ble Minister that whether any central team for conducting the survey has been sent by the Government in Bihar or not after the death of people so that Malaria could be eradicated by conducting survey in Bihar. If the survey team is sent there, what is its report and what steps Government has taken to implement the recommendation of the report.

[*English*]

SHRI DALIT EZHILMALAI: Sir, I do not dispute with the hon. Member when he says that the figures are not correct or are not given as they should have been given.

MR. DEPUTY SPEAKER: Mostly, you know about statistics. There are lies, damn lies and statistics.

SHRI DALIT EZHILMALAI: The cases that have been reported come to our notice and those details have been given here. People die, particularly in the tribal-dominated areas, and it is not even reported to the administration at Taluk or District level. It is happening. I do not dispute on the statement made by the hon. Member.

I would request the hon. Member to repeat his second question.

MR. DEPUTY SPEAKER: He asked whether any survey team was sent, and if so, what is the finding of that team and whether any action has been taken on it.

SHRI DALIT EZHILMALAI: Sir, there is a Committee constituted the details of which are given here.

MR. DEPUTY SPEAKER: So, a Committee has been sent, survey has been done, the findings are yet to come.

SHRI DALIT EZHILMALAI: Yes, Sir.

34-40

**Setting up of Regulatory Bodies
in Petroleum Industry**

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*163. SHRI MOHAN RAWALE:
SHRI K.S. RAO:

Will the Minister of PETROLEUM AND NATURAL GAS be pleased to state:

(a) whether the Government propose to set up regulatory bodies to monitor the entire spectrum of the petroleum industry in the country; and

(b) if so, the details thereof?

THE MINISTER OF PETROLEUM AND NATURAL GAS (SHRI VAZHAPADY K. RAMAMURTHY): (a) and (b) A Statement is laid on the Table of the House.

Statement

(a) and (b) It is proposed to consider the setting up of regulatory bodies for Upstream & Downstream sectors of the petroleum sector including for Gas. The scope of the regulatory body could include promotion of investment, removal of entry barriers, prevention of cartelisation, regulation of supply and prices, supervision of transmission and distribution networks, ensuring quality and security, compliance with appropriate standards, dispute resolution, protection consumer interest and long-term optimal development of sectors of the hydrocarbon industry.

[*Translation*]

SHRI MOHAN RAWALE: Mr. Deputy Speaker, Sir, hon. Minister has replied that.

[*English*]

"The scope of the regulatory body could include promotion of investment and regulation of supply and prices." I would like to say to hon. Minister that ...(*Interruptions*)