

covering all maritime States. This project and schemes of various States will also be posed for external assistance.

[English]

SHRI N. DENNIS : My first Supplementary is that sea erosion is causing heavy losses and damages to the life and properties of the fishermen. Natural berthing and parking places of fishing vessels are washed away by sea erosion. The fishing vessels and fishing nets are also damaged by the sea waves. The Arabian sea coast, particularly the coastal villages of the Kanyakumari district are the worst affected sea erosion-prone areas. May I know from the hon. Minister whether the Government have identified the sea erosion-prone areas in the coastal villages of the country? May I know the steps taken by the Government to prevent sea erosion in the sea erosion affected places of the coastal villages?

The hon. Minister has stated in the answer only regarding the constitution of a committee and a board. No mention has been made regarding the prevention of sea erosion in the coastal villages.

[Translation]

SHRI JANESHWAR MISHRA : Mr. Speaker, Sir, earlier the Union Government was providing assistance for the prevention of sea-erosion. Afterward National Development Council had asked the Planning Commission to hand over all the fund as grant plan to State Governments and State Governments will look after this work. Since then Union Government had not interfered in this matter. A Committee has been constituted to monitor the implementation of programmes to see how the sea-erosion can be prevented.

[English]

SHRI N. DENNIS : Some villages affected by sea erosion are protected by erection of sea erosion walls, but some villages affected by sea erosion are not at all protected by the erection of sea erosion walls. May I know the details of the assistance given by the Government of India to various States, particularly the Government of Tamil Nadu and whether the States, particularly the Government of Tamil Nadu have submitted schemes for prevention of sea erosion in the States?

[Translation]

SHRI JANESHWAR MISHRA : Mr. Speaker, Sir, as regards the schemes submitted by the various States to prevent sea-erosion, I am to submit that we have asked all the coastal states to submit their proposals. But only three states have submitted their proposals. Kerala has submitted proposals for Rs. 346.5 crore, Karnataka for Rs. 150 crore and Gujarat for 35 crore rupees. Rest of the States have not submitted their proposals.

SHRI RAM NAIK : Mr. Speaker, Sir, Beach Erosion Board was constituted in 1966 and 31 years had since passed and in 1995 its name had been changed to Advi-

sory Committee. Whether concrete steps have been taken as per the aims of the Advisory Committee? If not, the reasons therefor?

SHRI JANESHWAR MISHRA : Mr. Speaker, Sir, I have already said that it is the State subject to take steps for the prevention of sea-erosion. Union Government can provide only consultancy service and technical know-how. Hence this Committee looks after these aspects only. Rest of the work is being carried out by the State Governments.

[English]

AIDS

*128. SHRI MADHAVRAO SCINDIA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the latest study by the Pune-based National AIDS Research Institute reveals a grim picture of AIDS scenario in coming years in the country;

(b) if so, the details thereof;

(c) whether the Government agree with these projections;

(d) if so, reaction of the Government thereto; and

(e) the steps being taken to contain and curb this dreaded disease?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) A note on the details of this study is laid on the table of the Lok Sabha as Statement -I

(c) The study does not provide any projections.

(d) The study gives the findings as point prevalence of HIV infection in a particular cohort of female sex workers and males attending the STD clinics (Sexually Transmitted Diseases Clinic).

(e) A note on the steps being taken to contain this dreaded disease is laid on the table of the Lok Sabha as Statement-II

Statement-I

Details of The Study being Undertaken by National AIDS Research Institute, Pune

This study is a longitudinal study in which male patients and female sex workers attending the STD clinics has been taken.

The main objective of this study is to determine the prevalence of HIV infection among the persons practising high risk behaviour in the context of acquiring HIV infection. The study also aims at determining behavioural and biological risk factors that could influence HIV transmission and identifying suitable intervention.

The main findings of this study are :

– the prevalence of HIV infection in various study groups is fairly high and is as follows :

Overall prevalence among STD clinic attendees is 21.2%.

Prevalence in male STD patients is 19.3%.

Prevalence among commercial sex workers attending STD clinics is 47.4%

Prevalence in spouses of male STD patients is 13.9%.

The following factors were found to be associated with high prevalence of HIV infection.

Biological Factors :

Past or present history of STD

Less risk at lower age group

Absence of circumcision

Behavioural Factors:

Life time number of sexual partners

Commercial sex work as an occupation

Lack of formal education

The other factors are:

Males with recent sexual contact with female sex workers.

Persons not living with their family

Lack of condom use.

Statement-II

Steps Taken by Government to Contain and Curb AIDS

Government of India launched National AIDS Control Programme in 1987 to combat this dreaded disease. A five year strategic plan (1992-97) with World Bank assistance is in operation since September 1992. The details of this programme are :

Programme Objectives & Strategies

The objective of the National AIDS Control Programme is to slow down the spread of HIV so as to reduce future morbidity and mortality due to AIDS in India.

Since there is no cure for HIV/AIDS, the emphasis has to be on prevention and care. These objectives are sought to be achieved by following strategies :

Strengthening of Programme Management

Blood Safety

Control of Sexually Transmitted Diseases

Surveillance & Research

IEC & Social Mobilisation

Clinical Management

Reduction impact of HIV/AIDS

Programme allocation

In 1992 an EFC MEMO for Rs. 222.60 crores was approved by the Cabinet. A credit of US \$ 84 million was made available for this programme under World Bank Assistance for period 1992-97.

The programme is being implemented as 100% Centrally Sponsored Scheme.

Programme Management

The National AIDS Control Organisation under the Ministry of Health & Family Welfare is the nodal agency for implementation of this programme.

State AIDS Cell and Empowered Committees have been constituted in every State and Union Territory of the country.

Blood Safety

The safe blood transfusion services have been ensured by Constitution of National & State Blood Transfusion Councils

Establishment of 154 Zonal Blood Testing Centres linked to Blood Banks and availability of Rapid HIV Kits at District Level Blood Banks.

Strengthening of 815 Public Sector Blood Banks Establishment of 40 Component Separation Facility.

Augmentation of Voluntary Blood Donation.

Control of Sexually Transmitted Diseases

Sexually Transmitted Diseases prevention & control has been strengthened by :

Strengthening of 504 STD Clinics

Promotion of Syndromic management of STDs and its integration with reproductive health services.

Training of medical officers and Lab. technicians
Condom promotion.

IEC & Social Mobilisation

Since there is no cure of HIV/AIDS, this component has been given very high priority. The activity is being conducted by :

Use of all channels of communication like Doordarshan, Akashvani, DAVP and Dte. of Field Publicity.

Development of generic package of IEC material for IVDUs CSWs, Truck Drivers and STD patients.

Inter-sectoral collaboration and mobilisation

Development of NGO Guidelines and their involvement

Targetted intervention among CSWs, Truck Drivers, IVDUs and STD patients.

Development of IEC material for street children, school education, colleges, adolescents and youths.

IVDU : Intravenous Drug Users.

CSW : Commercial Sex Worker.

STD : Sexually Transmitted Diseases.

NGO : Non Govt. Organisation

DAVP : Directorate Of Audio Visual Publicity.

Surveillance

After the first case was detected in the country in 1986 we had initiated surveillance activities in the country by establishment of 62 surveillance centres and 9 reference centres in various parts of the country.

We had also adopted sentinel surveillance system to monitor the trends of HIV infection by establishing 55 sentinel sites attached to these surveillance centres.

Clinical Management

For effective clinical diagnosis of AIDS, a massive training programme has been undertaken to train Medical Officers for improving their skill about diagnosis of AIDS cases. About 2200 doctors have so far been trained as Key trainers through CMAI. IMA have been actively involved in conducting training programme for general private medical practitioners. Training modules have also been developed for training of nurses.

Reduction of Impact

Establishment of counselling services have been initiated by development of training module on counselling and identification of five regional counselling training centres. The training on counselling is in progress.

To provide continuum of care services, a pilot project has been initiated in Manipur to develop effective care and support referral system at home, community and hospital level. This activity is being expanded in Tamil Nadu and Maharashtra.

SHRI MADHAVRAO SCINDIA : Sir, it is well-known that AIDS is spreading at a very alarming rate in this country. We are, almost, sitting on the time bomb. Even the low risk groups like married women and children are getting infected. In Calcutta, your own figure says, that almost 40 per cent to 45 per cent of people attending clinics for sexually transmitted diseases have already been infected

You know, Sir, about the situation in the North-East. In the State of Manipur where in 1989 not a single case was reported, now, almost 75 per cent of the drug abusers are known to be inflicted. Across the border, in Myanmar, where the habit of consuming heroin is there, there, 90 per cent of the people are inflicted. So, it is a very major problem which poses a very great danger to our population. In Mumbai, one out of every four blood donors is supposed to be infected. This is one way by which this disease is

transmitted to even those who are probably innocent in their actions. So, I would like to know the following from the hon. Minister :

(a) How does Government propose to maintain and widen the quality check on blood banks;

(b) Do they propose any legislation where the supply of infected blood is treated as a punishable offence and certain checks made mandatory; and

(c) How much budgetary provision has been made for the supply of testing equipment to blood banks?

SHRI SALEEM IQBAL SHERVANI : Sir, I share the concern of the hon. Member. We have taken some steps regarding safe blood transfusion services. We have established State Blood Transfusion Councils. We have also established 154 Zonal Testing Centres which are linked to the blood banks and we are also making available rapid HIV kits at the district level blood banks. We are also strengthening 115 public sector blood banks. We are establishing 40 component separation facilities to augment blood banks. According to the directive given by the hon. Supreme Court, by the year 1998, we are going to completely stop blood donation by these professional donors. These are some of the steps that we are taking for strengthening blood safety. The other question was whether the Government is proposing any legislation.

SHRI MADHAVRAO SCINDIA : As the hon. Minister knows, there is certain degree of commercialisation of blood and things like that. Therefore, I think, the legislation must come to make supply of infected blood a culpable offence.

SHRI SALEEM IQBAL SHERVANI : At the moment, we do not have any legislation which is coming up. But, this is a very good suggestion which can really be looked into.

MR. SPEAKER : I think, what the hon. Member has said, is very logical. You are saying that you are planning to stop it by 1998. What is the method that you will be following to stop this? One of the suggestions is by legislation.

SHRI SALEEM IQBAL SHERVANI : The Supreme Court has given some directions. As per the directions, they have asked us to look seriously into this. We are phasing out all professional donors. We are not allowing any blood banks which are going to be licensed by us to have any professional donors.

Sir, we can look into this legislation issue and we can think of doing something because I agree that this has to be enforced very strongly if we have to make a success in this regard.

SHRI MADHAVRAO SCINDIA : My suggestion to the hon. Minister is that the budget provision for the instrument should be made mandatory.....

MR. SPEAKER : Are you going to forego your second Supplementary?

SHRI MADHAVRAO SCINDIA : Sir, I am saying this because whoever wants to go to blood bank for personal purposes, they should also ensure that certain testing equipment is mandatory. I would also like to know how much they have provided for the public sector banks as far as testing equipment is concerned.

SHRI SALEEM IQBAL SHERVANI : Sir, I will give this information to the hon. Member separately because at the moment, I do not have the budget figures with me on how much we have provided separately for public sector banks. But we have taken certain steps. Within the Ninth Plan, we did ask for a larger allocation of Budget and we have got it.

Unfortunately, AIDS has no cure. The only thing that we can do is to create awareness and in our programmes on IEC, i.e., Information, Education and Communication, we have to come out very strongly with our new programme, on which we are working. By the end of this month, we will have a completely new plan on what we are doing on the advertising front.

SHRI MADHAVRAO SCINDIA : I am very happy to hear this and I just take it that the Minister has more or less assured me that he will be now taking up the issue of legislation because it is extremely important.

SHRI SALEEM IQBAL SHERVANI : Certainly Sir.

SHRI MADHAVRAO SCINDIA : Sir, my second Supplementary is that AIDS has to be treated more as a social programme and not merely as a health programme or even worse, as a family planning programme, because a lot of people shy away from family planning programmes. It has to be treated as a social programme. So, it is not a subject which can be tackled by the hon. Minister and his Ministry alone. I think, NGO's can greatly help in creating this climate of awareness if their efforts are encouraged and co-ordinated.

I have the experience as Minister of HRD where the late Rajiv Gandhi had combined four Ministries into one. I still find all of them working separately as four Ministries. They were not working under one HRD Ministry, so we put together a coordination machinery.

I would like to know whether the Health Ministry, as a nodal Ministry, proposes to hold quarterly coordination meetings with the Department of Education, Department of Women and Child Development and may be with the Department of Welfare and make it a routine exercise. It has to be a routine exercise because if you just hold it once, then, as we all know that the Ministers come and go, you will find the bureaucrats just forgetting about it. I would like to suggest that the hon. Minister makes it mandatory so that these three or four departments or Ministries which are dealing with the creation of awareness have to meet every quarter and coordinate their activities. I would also suggest that at least one annual meeting with all the prominent NGOs must be held with the Health Ministry. If you put this into process, I am sure it will greatly help in coordination and in creating greater awareness.

SHRI SALEEM IQBAL SHERVANI : I am having a meeting with the NGOs at the end of this month, i.e., in March—we have set up a date – where we will be taking up the issue of AIDS also.

Regarding the suggestion which the hon. Member has made, I would like to inform him that we do have coordination at a lower level, but we do not have coordination at the Ministerial level. However, I will look into his suggestion also.

SHRI S.K. KARVENDHAN : Sir, in Tamil Nadu, Tanjore Saraswathi Mahal Library possesses ancient palm leaves about *Sidha* medicines enunciated by *Sidhers* thousands of years back. Through that medicine some AIDS patients were cured by *Sidha* in Chennai. I mentioned this in the HRD meeting also.

I would like to know whether the Government will take steps to bring out all medicines contained in the palm leaves in print to serve the nation by treating AIDS patients.

SHRI SALEEM IQBAL SHERVANI : Sir, we do keep getting a lot of claims that people have been cured of AIDS through *Ayurveda*, *Unani* and through *Homoeopathy*. But there are no standardised treatments available at the moment and neither do we have through research come to any conclusive...*(Interruptions)*

[Translation]

VAIDYA DAU DAYAL JOSHI : There is a treatment in *Ayurveda*, but your department does not bother about it. No fund is provided under this head.

MR. SPEAKER : Joshi ji, why are you speaking loudly.

[English]

SHRI SALEEM IQBAL SHERVANI : We are coordinating these efforts. We have got certain claims and those claims are looked into. But till such time that we come to some conclusive decision we can not comment on this.

[Translation]

SHRI G.L. KANAUIA : Mr. Speaker, Sir, we have discussed the budget with the Hon'ble Minister. Last time, I was a member of Standing Committee on Human Resource Development. When budget for HIV was discussed, you were not present therein. Due to lack of co-ordination, because of the information supplied to us, there was a cut of 42 per cent. Rest of the allocation was to be refunded. You can see the record. It was also a reason. There was a lack of co-ordination at your Ministry's end. Every one wants to be in charge of budget. This time, too, sufficient budget was allocated. I want to know from the Hon'ble Minister how this budget will be utilised and co-ordinated. Everybody want to be in charge of budget allocation? I am telling you my experience of last six years. HIV is a major disease. It is being tackled in India too according medical approach. I was in charge of Uttar Pradesh, that is why I am saying that only paper work should not be done. You have told that kits have been distributed in districts. I want to know from the Hon'ble Minister that where these kits have been

distributed and when these are being used? According to my information..... (*Interruptions*)

MR. SPEAKER : Leave aside your information, listen to the Minister's reply.

SHRI G.L. KANAUIA : I want details about the places where these kits have been distributed. According to my information, there is a control on blood banks. Patients need blood. Licence for setting up of new blood bank in U.P. has not been issued. Only three such licences have been issued. I want to know, what steps are being taken in this regard? The criterion fixed for the blood bank..... (*Interruptions*)

[*English*]

MR. SPEAKER : Please have a mercy on those doctors. There are many doctors including Dr. Joshi, who want to put their questions.

[*Translation*]

SHRI G.L. KANAUIA : What criterion are being fixed in this regard and whether changes will be made therein?

SHRI SALEEM IQBAL SHERVANI : As far as budget is concerned, our one organisation (NACO) is working on AIDS. It is a 100 per cent centrally sponsored scheme. We allocate funds, while co-operating with the States. As the members have expressed their concern about the AIDS, we have about 1400 blood banks in the country. Out of these 850 have applied to us and we are issuing licence to them after examining their cases. We are repeatedly asking the State Governments to send us a report of the rest of the blood banks so that after investigation we can streamline them. This co-ordination can take place only with the co-operation of States. We are writing to them and I hope that because of the Supreme Court directive also to issue licence to the blood banks, the last date fixed is 31st March. We are working on this issue. We have sent telegram to every States stating that we had asked for three months time from the Supreme Court, which was rejected by the Court. The Court has asked to issue licences by 31st March. We are working hard, and I hope that we will be able to issue licences to many blood banks and will be able to streamline the process of collecting blood.

[*English*]

MR. SPEAKER : Dr. Vyas, please put one pointed question.

DR. GIRIJA VYAS : Sir, I am not putting any question to the Hon. Minister but I want your help.

[*Translation*]

It is a matter of concern that AIDS is now spreading even in tribal areas. Just now Scindia ji has said that it is a social subject. The site where trucks are parked, the 90 per

cent women in the adjoining areas are suffering from the AIDS. Therefore, I request your goodself at least direct the Government that it is not only a medical problem but also is a social subject. The Government should finalise the way out as how this problem can be solved. The women of these villages had told us that they were poor and hence are forced to take up this trade of prostitution. It is a social evil which has to be tackled, only then we will be able to eliminate it in four years. Only medical department can not solve this problem.

Secondly, Mr. Scindia has mentioned about four ministries, but Ministry of Information and Broadcasting should also be included therein.

[*English*]

MR. SPEAKER : I think, it is a suggestion. The Hon. Minister should note it down.

12.00 hrs.

[*Translation*]

VAIDYA DAU DAYAL JOSHI : From 1992 to 1997, Wister Committee has provided you a sum of Rs. 222.80 crore for the prevention of AIDS, besides this 84 million U.S dollars were sanctioned by the World Bank. But inspite of it your department has not taken steps to check the AIDS. 2200 doctors in the country were trained for the treatment of AIDS. This is spreading very fast. Only 55 Centres have been set up. How much fund out of it had been spent thereon between 1992 to 1997? Whether the Minister are aware that five lakh people will be affected by AIDS in the country by the end of this century.

MR. SPEAKER : Joshiji, you will not get answer as the time is going to be over.

VAIDYA DAU DAYAL JOSHI : Whether one million dollars will be provided for the Ayurvedic Research Institute, Delhi, out of these 84 million U.S. dollars?

MR. SPEAKER : I think you will not get the answer.

SHRI SALEEM IQBAL SHERVANI : I want to tell the Hon. Member that I have allotted Rs. 100 crores out of the budget allocation of the Ministry for the Indian system of Medicine and Homoeopathy.

VAIDYA DAU DAYAL JOSHI : This figure is for the total budget. Whether there was separate allocation for AIDS?

SHRI SALEEM IQBAL SHERVANI : Rs. 35 crores had been given for this purpose. I will transfer some money from the Health and Family Welfare Departments Head to Indian System of Medicines. For research on AIDS, some money will be given out of it.