

The main reason for the increase of HIV infections and AIDS cases is that, in the beginning, the infection was limited to high risk groups such as Commercial Sex Workers, Intra-venous drug users and persons with Sexually Transmitted Diseases. But from these infected groups the infection has now spread to their unsuspecting sexual partners and children due to lack of awareness and unsafe sexual practices compounded with other factors like lack of education and economic and social backwardness of the people especially those in rural areas.

For development of skills of doctors for diagnosis and management of clinically suspected AIDS cases, a massive training programme have been taken up under the component of "Clinical Management of HIV/AIDS". 2200 key trainers have already been trained to conduct the training courses for doctors. 32 State PRAMS (Physician Responsible for AIDS Management) have been identified for diagnosis and treatment of AIDS cases. Till date, approximately 40000 doctors have been trained all over the country under this component. Indian Medical Association and Christian Medical Association of India have been involved for training of General Practitioners and Private Practitioners.

The Government of India, Ministry of Health & Family Welfare has advised all State Governments in November, 1992 to ensure that all AIDS cases and HIV infected persons are attended to in the Government hospitals without any discrimination.

3. Blood Safety

The safety of blood has been ensured by mandatory testing of all blood units for HIV, syphilis, Hepatitis B and Malaria, before transfusion. Establishment of 154 Zonal Blood Testing Centres, modernisation of 815 Blood Banks, establishment of 40 Blood Component Separation Facilities and promotion of voluntary blood donation have been taken up. The National Blood Transfusion Council and State Blood Transfusion Councils have been constituted as per the directions of the Supreme Court.

4. Control of Sexually Transmitted Diseases

Strengthening of 504 STD clinics, integration of syndromic management of STDs with reproductive health care services, training of doctors and Laboratory Technicians and ensuring good quality condoms by amending schedule 'R' of the Drugs and Cosmetics Act, are some of the important activities under this component.

5. Public awareness and community support

Since AIDS has no cure the main thrust of the programme is to prevent the spread of HIV/AIDS infection through creation of awareness and aiming at behavioural change. To reach the goal of public awareness or prevention of HIV/AIDS and to mobilise community support, efforts have been made in the following areas:

Creation of mass awareness by using all media of mass communication;

- Development of inter-personal communication support material;
- Mobilisation of Non Governmental Organisations;
- Inter-sectoral collaboration;
- Pilot interventions in specific groups of population such as Commercial Sex Workers, Intra-venous Drug users, Truck drivers and Street Children; and
- HIV/AIDS education in school curriculum.

These activities are being carried out all over the country including rural areas. The awareness activities aimed at creating awareness especially in rural areas includes street plays, puppet shows and folk media shows organised by Song & Drama Division, Nehru Yuvak Kendras and Non Governmental Organisations.

WHO and other International agencies including UNFPA, UNICEF, UNDP, UNESCO and World Bank and working as "Joint United Programme on HIV/AIDS" i.e. UNAIDS. UNAIDS from time to time provide information on HIV/AIDS in various continents and also provide technical guidance as and when asked for by Government of India.

Indo-Nepal Relations

[English]

*3. SHRI PANKAJ CHOWDHARY:

SHRI PRAMOTHEES MUKHERJEE:

Will the PRIME MINISTER be pleased to state:

- (a) whether Prime Minister visited Nepal during June 1997;
- (b) if so, the main agreements reached between the two countries and the steps taken to implement these agreements;
- (c) the benefits likely to accrue to our country;
- (d) whether India has allowed Nepal to open a transit passage from Nepal to Bangladesh direct;
- (e) whether all the outstanding disputes between the two countries have been resolved; and
- (f) if so, to what extent relations between the two countries have improved?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRIMATI KAMALA SINHA): (a) to (f) The Prime Minister visited Nepal from June 5-7, 1997. The main documents signed during the visit are:

- (i) Process Verbal for Exchange of Instruments of Ratification of the Mahakali Treaty;
- (ii) Power Trade Agreement;
- (iii) Memorandum of Understanding on Civil Aviation matters.

The Detailed Project Report for the Pancheshwar Project would be completed within six months and the Project would be designed as a peaking power plant, to maximise its net benefits. The signing of "Power Trade Agreement" would promote participation of the private Sector in quicker and enhanced development of the power sector in both countries. The MOU on Civil Aviation should facilitate significant growth in business and tourism between the two countries.

Nepal's request for an additional transit route to Bangladesh via Phulbari was accepted. It was also agreed that the modalities and working arrangements would be decided within the next two months. The new arrangements would be reviewed six months thereafter.

Discussions were held on a number of subjects covering bilateral issues and other matters of mutual interests. It was noted with satisfaction that there was a similarity of views on bilateral matters and issues of mutual concern.

The visit contributed to the strengthening of relations and furtherance of cooperation for mutual benefit of the two countries. PM had an audience with His Majesty the King and held discussions with his counterpart Mr. Lokendra Bahadur Chand and important leaders of major political parties. The two countries reaffirmed the goodwill and their common desire to promote joint economic development including harnessing of natural resources for the betterment of the lives of the citizens of both countries.

Urine Therapy

*4. SHRI GEORGE FERNANDES: Will the PRIME MINISTER be pleased to state:

(a) whether the Government are aware that the urine therapy is widely used by people in several parts of the world;

(b) whether the Government proposed to sponsor research into the efficacy of urine therapy;

(c) whether the Government also propose to give publicity to the views of experts on urine therapy to make people aware of the zero cost therapy which is available; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (d) There have been news items/articles in magazines on urine therapy. But, no authentic data on the basic scientific reports/clinical trials are available to substantiate the claim about the therapeutic efficacy of urine therapy in various ailments. The task of verifying the therapeutic efficacy of drugs/treatments mentioned in the authoritative texts vests in the Central Councils for Research in Ayurveda & Siddha and Yoga & Naturopathy. These councils initiate research projects on the basis of the recommendations of their respective

Scientific Advisory Committees. In the absence of scientific validation, there is at present no proposal to publicise urine therapy.

[Translation]

Child Labour Welfare Projects

*5. SHRI N.J. RATHWA: Will the Minister of LABOUR be pleased to state:

(a) the details of voluntary organisation operating in different parts of the country specially in the tribal areas of Gujarat and being funded by the Union Government to launch child labour welfare projects under projects grant-in-aid scheme, as on date and during the last three years;

(b) the details of achievements made by such organisations during the last three years;

(c) whether the Government have received complaints regarding heavy misuse of Central financial assistance by these voluntary organisations particularly those which are operating in tribal areas; and

(d) if so, the number of complaints received so far and the action taken or proposed to be taken thereon?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M.P. VEERENDRA KUMAR): (a) to (d) A statement indicating the names of voluntary organisations and NGOs assisted under grant-in-aid scheme during the last three years is attached. From the State of Gujarat, two voluntary organisations have been assisted under the scheme during 1994-97. Amrit Child Labour Welfare Trust, Ahmedabad, received financial assistance under the Scheme in March, 1994. The other voluntary organisation, namely, Gujarat Kelavani Trust, Ahmedabad was released financial assistance in March, 1997.

The total release under the scheme and the children covered during the last three years are as under:-

Year	Funds released (Rs in lakhs)	Children covered (In Nos.)
1994-95	7.49	2820
1995-96	27.29	4545
1996-97	62.54	7250

No complaints have been received regarding misuse of central financial assistance by the voluntary organisations.

Statement

List of organisations assisted under grant-in-aid scheme during the year 1994-95

1. The Congregation of the Sisters of the Cross of Chavanad, Tiruchirappall.
2. Indian Council for Child Welfare, New Delhi (Child Labour in Beedi Industry in Madhya Pradesh).