

**Contract Labour**

3876. PROF. JOGENDRA KAWADE : Will the Minister of LABOUR be pleased to state :

(a) whether the Government had issued instructions against the engagement of Contract Labour of Sweeping & Watching purposes in Government Department/Public Sector Undertakings (PUCs) and Public Sector Banks/ Financial Institutions in light of the Supreme Court Verdict given in the case No. 15535/1996 etc. between Air India Vs. United Labour Union and Organisation;

(b) if so, the permission has been granted to the Industrial Finance Corporation of India Limited for engaging Contract Labour for Sweeping and Watching purposes at its Head Quarters at New Delhi; and

(c) if so, the reasons therefor ?

THE MINISTER OF LABOUR (DR. SATYANARAYAN JATIYA) : (a) Yes, Sir.

(b) No, Sir.

(c) Does not arise.

**Malaria and Brain Fever Cases in Orissa**

3877. SHRI UPENDRA NATH NAYAK : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Government are aware that a large number of persons in Orissa are affected from Malaria and some persons had died from brain fever this year;

(b) if so, whether any study has been conducted for the cause of spread of malaria and brain fever in the country;

(c) if so, the details thereof; and

(d) the steps taken to prevent malaria and brain fever in Orissa and other parts of the country ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) As per reports received from the State of Orissa upto April, 1998 there have been 126339 malaria cases in the State. However, neither any case nor death due to Brain Fever has been reported from the State.

(b) and (c) Regular monitoring of malaria and Japanese Encephalitis (Brain Fever) is being done under the National Malaria Eradication Programme (NMEP).

The spread of malaria is attributable to vector resistance to insecticides, parasite resistance to drugs like Chloroquine, poor spray coverage, inadequate surveillance, delay in diagnosis and treatment of cases,

inadequate facilities for management of severe and complicated cases, poor environmental and sanitation conditions.

(d) The steps taken to control Malaria & Japanese Encephalitis (Brain Fever), in the country including Orissa are as under :

**Malaria :**

- \* 100% Central Assistance is being provided to the Seven North-Eastern States since December, 1994, besides a Centrally Sponsored Programme on a 50:50 basis under NMEP for other States in the country.
- \* Early diagnosis and prompt treatment of Malaria cases through Primary Health Care Hospitals, Dispensaries, Malaria Clinics etc. and Drug Distribution Centres, Fever Treatment Depots at the village level, is undertaken by the State Governments.
- \* Vector Control through insecticidal spray in rural areas and anti-larval operations in urban areas as per schedule on the basis of technical assessment.
- \* Intensification of Information, Education and Communication activities for mobilising active community participation.
- \* Observance of Anti-Malaria, Month in June every year beginning from June, 1997 to create public awareness about Prevention and Containment of malaria and other vector-borne diseases and to propagate the theme "Malaria Control Everyone's Concern" to make it a people's movement in the country.

Further, an Enhanced Malaria Control Project with World Bank support to cover essentially 100 districts in seven States including Orissa as well as 19 towns/cities having endemicity of malaria is being implemented since September, 1997.

Apart from supporting certain on-going strategies in the identified areas, the proposed project would facilitate the use of the newer interventions such as Synthetic Pyrethroids, Medicated Mosquito Nets, Bio-larvicides, Larvivorous Fishes, Dipstick Blood Testing Techniques, Artemisinin Compound, Manpower Development, Enhanced Information, Education and Communication activities and improved Management Information System.

**Japanese Encephalitis (Brain Fever) :**

- \* Early diagnosis and proper management of cases:
- \* Vector control by insecticidal spray/fogging in identified areas;

- \* Vaccination of identified Japanese Encephalitis-prone groups;
- \* Regular monitoring of epidemiological trends, investigations and training;
- \* Information, education, communication activities to ensure early reporting and adopting of preventive measures.

#### **Specification of ISI/BIS**

3878. SHRI JANG BAHADUR SINGH PATEL : Will the Minister of FOOD AND CONSUMER AFFAIRS be pleased to state :

- (a) the total number of items on which ISI is mandatory and conform to the BIS standards;
- (b) whether the electric appliances particularly Choke conforms to BIS standards;
- (c) if not, the reasons therefor;
- (d) the number of samples checked during the last 12 months; and
- (e) the action taken by the Government to check the manufactures and keep their items strictly upto the specification of ISI/BIS ?

THE MINISTER OF STATE IN THE MINISTRY OF FOOD AND CONSUMER AFFAIRS (SHRI SATYAPAL SINGH YADAV) : (a) The BIS Standard Mark is mandatory for 135 products.

(b) and (c) Safety aspects of household electrical appliances like electric immersion water heater, electric iron, electric stoves and electric radiators, 2 Amp. switches and 3 Pin Plugs and sockets are covered by mandatory certification under the Electrical Wires, Cables, Appliances and Accessories (Quality Control) Order, 1993. However, choke is not covered under it.

(d) During the year 1997-98, 15634 samples from factories of BIS licensees and 10489 samples from the market were drawn for testing.

(e) BIS carries out regular surveillance visits to its licensee's works to verify the implementation of the Scheme of Testing and Inspection (STI) to ensure consistent quality of the product. Samples are taken both from the factory and from the open market for testing. If any complaint is received against sub-standard quality of a BIS certified product, detailed investigations are carried out at the licensee's end in order to take necessary corrective action so as to prevent recurrence of such instances. In case, the performance of the licensee is found unsatisfactory in terms of conformance of the product to the relevant Indian Standards or compliance

with other terms and conditions of the licence, the Bureau takes appropriate action which include stop-marking order, suspension, cancellation etc. of the licence in accordance with the provisions of the Bureau of Indian Standards (Certification) Regulations, 1988.

#### **Inclusion of Homoeopathy in National Health Programme**

3879. SHRIMATI JAYANTI PATNAIK : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether there is any need to incorporate Homoeopathic System of medicines in the National Health Programme; and
- (b) if so, the steps taken by the Government in this regard and to popularise homoeopathy medicines in the rural areas ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) Yes, Sir.

(b) Research in Homoeopathy and other, efforts are being made to incorporate a Homoeopathic component in some of the National Health Programme.

Steps are being taken to popularise the system of Homoeopathy through various Central Schemes. Health cover under the Homoeopathy System of medicine is being provided in some rural areas through State Governments/ Union Territory Administrations.

#### **Survey on Population-Doctor Ratio**

3880. SHRI CHAMAN LAL GUPTA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether the Government have conducted any survey to study the availability of the population-doctor ratio in the country;
- (b) if so, the details thereof; State-wise;
- (c) whether it is a fact that there is requirement of more doctors and hospitals;
- (d) if so, whether the Government propose to open more medical colleges to meet the requirements of the Doctors;
- (e) if so, the details thereof; and
- (f) if not, the reasons therefor ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) to (c) No such country-wise survey