

a young man, who had risked his future. He showed the bottle and informed the Health Department about the contamination. Then the Doordarshan crew went to the Safdarjung Hospital and the All India Institute of Medical Sciences. The doctors said that the contaminated stuff was provided to them and when a patient is about to die, they have to inject the same stuff. So, it is a great danger. Then, the CBI started looking into the matter. The Doordarshan showed us the Drug Controller in the form of an arrogant officer. My conscience told me, he must be the worst corrupt person. Earlier, I said that he would be arrested.

MR. SPEAKER: Mr. Soz, you put your question. Why are you explaining?

PROF. SAIF-UD-DIN SOZ: Sir, I want the Minister to give an assurance to the House that he would look into the case regarding M/s. Oslar Pharmaceuticals because the Doordarshan gave the widest possible evidence. I know his acumen; I know his ability. But, he is not yet serious. So, I want him to commit before the House that he would look into all aspects of malpractices, particularly regarding M/s. Oslar Pharmaceuticals, which had done a great damage to the department and to the whole nation.

SHRI RASHEED MASOOD: Sir, I had already assured the House that I would not only like into this particular case, but I would very seriously look into all the complaints that I receive.

MR. SPEAKER: Next question.

(Interruptions)

PROF. SAIFUDDIN SOZ: Let the Minister give an assurance.

(Interruptions)

MR. SPEAKER: I have gone to the next question.

(Interruptions)

MR. SPEAKER: Shri A. Charles.

National Leprosy Eradication Programme in Kerala

*947. SHRI A. CHARLES: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Leprosy Eradication Programme is under implementation in Kerala as a fully centrally sponsored scheme;

(b) if so, allocation of funds made under the programme for the year 1989-90 to the State Government and targets fixed for the year;

(c) whether the targets have been achieved; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RASHEED MASOOD):

(a) Yes, Sir.

(b) The following allocations/targets were made for the year 1989-90.

		(Rs. in lakhs)
(i)	Financial	
	Cash	Kind
	70.00	2.87
(ii)	Objective	Target
	New Case	
	detection	6000
	New Case	
	Treatment	6000
	Case discharge	
	After cure	700

(c) Yes, Sir.

(d) Does not arise.

SHRI A. CHARLES: From the answer given by hon. Minister, it is seen that the cases of leprosy have almost increased. Leprosy is a serious disease. But my complaint is that no proper survey has been conducted in the State, though it has now been accepted as a national programme.

There are leprosy health visitors everywhere around the block. But there is no coordination; no survey has been conducted. The amount allotted also is very meagre. From one report, it is seen that in some of the districts, especially in Trivandrum and Quilon, the incident is that high that out of every 1,000 people, 12 are leprosy patients or under treatment. That is a very serious thing.

May I know from the hon. Minister, at least during the Eighth Plan, a proper survey will be conducted and an effective machinery will be adopted for identifying the leprosy patients. More amount should be allotted in the Eighth Plan so that the total eradication of leprosy can be made possible in the State of Kerala.

SHRI RASHEED MASOOD: The results in these States are particularly very encouraging. I think, it is not true that a survey has not been done there. It is because, we have sub-centres for every 25,000 of population. Sub centre means, education, survey and treatment for the particular area. Surveys are being done and the reports are very encouraging. If he has got any information that in a particular district survey has not been done, let him please send the complaint. I will look into it.

SHRI A. CHARLES: Certainly, I will give more details because I have got the report.

Second supplementary is, there are number of voluntary agencies in Kerala working on the same line. But unfortunately, there is no coordination. No encouragement is given to the voluntary agencies. In the field

of education and health care, in Kerala, it is the voluntary agencies which have contributed a lot.

My I know from the hon. Minister whether these voluntary agencies will be given proper assistance and help and there shall be coordination between the Government machinery and the voluntary agencies so that leprosy can be controlled in a more effective manner.

SHRI RASHEED MASOOD: Leprosy has already been controlled in a very effective manner. We are encouraging voluntary organisations who are doing wonderful work. I assure the hon. Member that if there is any complaint that some voluntary organisations are doing the work but they are not being properly treated, please send us the complaint. I will look into it.

SHRI AJIT PANJA: Out of 5082 blocks in the country about 1,000 blocks have been identified where there is chance of leprosy. In the centres for survey, education-cum-training (SET) people are not posted. Posts are lying vacant there. Would the hon. Minister tell us that it would be filled quickly because leprosy is curable if detected at an early stage?

SHRI RASHEED MASOOD: Out of 450 districts, in most of the districts, there are District Leprosy Units, 45 Leprosy Control Units, 10 Set Centres, Urban Leprosy Centres, Sample Survey Units, Constructive Survey Units and Rehabilitation Units. Because the question is about Kerala, I cannot give full details. (*Interruptions*)

You are talking about the whole of India whereas the question is about Kerala.

SHRI AJIT PANJA: It is a national problem.

MR. SPEAKER: You give notice.

SHRI RASHEED MASOOD: No posts are lying vacant there.