

public. As I have already said, if the workers are competent enough to cater to the needs, certainly we will encourage them. If they are not competent enough, and if there are outsiders, we will welcome them and do it.

श्रीमती प्रमिला बंडवले : मैंने यह पूछा है कि क्या यह काम रेलवे डिपार्टमेंट के द्वारा चलने वाला है या प्राइवेट होटल तथा कैंटीन वालों को दिया जायेगा ।

श्री सी. के. जाफर शरीफ : दोनों के द्वारा ।

SHRI BHAGWAT JHA AZAD : Are we to understand from the reply of the hon. Minister that women's co-operatives are not competent to run the canteens and other things in the Railways, that they have got not even one which he can Point out to us, and say that it has been given by the Railways? Is it a fact that because women are less prone to embezzlement and to giving less in terms of quantity and quality compared to other contractors, that the Ministry is not helping women's co-operatives? Why is it that he could not Point out even one cooperative of women in the Railways, anywhere in India?

SHRI C. K. JAFFER SHARIEF : It is not so. It is not our idea. I personally feel that women's co-operatives are more competent because they are well trained in catering. As I have said, I do not have the figures; I shall collect the figure and supply to the Hon'ble Member.

SHRI R. K. MHALGI : The main question was that; but the Minister was not ready with the reply.

SHRI BHAGWAT JHA AZAD : The main question relates to it.

SHRI NARAYAN CHOUBEY : In your answer, you have given several types of contracts.

SHRI C. K. JAFFER SHARIEF : There is one women's welfare organization by name Sharada Udyog Man-

dir, Amravati which has been registered under the Societies' Act, 1860. It has been running one Tea, Coffee Sweetmeat and Fruit Stall at Badnera station of the Central Railway.

SHRI NARAYAN CHOUBEY : Do you know that generally, only such co-operatives are given jobs on the Railways whose presidents are the wives of GMs., DRMs. and DSSs; and if any member of the cooperative dares to challenge their authoritarian attitude, they are thrown out?

SHRI C. K. JAFFER SHARIEF : I do not know. If the hon. Member gives any specific instances, I will look into them.

SHRI NARAYAN CHOUBEY : There are hundreds of them.

SHRI C. K. JAFFER SHARIEF : You can give them.

Spreading of Leprosy in the Country

*225. **DR. SARADISH ROY :** Will the Minister of HEALTH be pleased to state:

(a) whether the attention of Government has been drawn to the spreading of leprosy in the country;

(b) whether it is a fact that 1/5 of the lepers in the world are living in India; and

(c) the steps taken by Government for prevention and eradication of this disease thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH (SHRI NIHAR RANJAN LASKAR) : (a) Yes, Sir.

(b) Approximately so.

(c) Under the National Leprosy Control Programme, steps are being taken by the Government for early detection and regular treatment of Leprosy patients in order to contain the disease.

DR. SARADISH ROY: In view of the fact that about one-fifth of the leprosy patients are in our country, and in view of the fact that the National Leprosy Control Programme is in operation for several years, may I know whether any evaluation of this Programme has been done by the Government; whether it is a fact that economically backward people are much more prone to the infection of this disease; and whether in your evaluation, it has been found that certain regions of our country are heavily infected by this disease? If so, what steps have been taken?

THE MINISTER OF EDUCATION AND HEALTH AND SOCIAL WELFARE (SHRI B. SHANKARANAND): It is a fact that the disease is more prone to spread in the economically backward areas. It is a fact that this is prevalent in areas where the people are economically backward. These are the steps taken: there is the National Leprosy Control Programme which was started in 1955-56 and which has subsequently become a regular National Health Programme which emphasises early detection and regular treatment of leprosy patients with Mass Sulphone Therapy in the endemic areas of the country, so that the quantum of infection of the disease in the community is contained and the transmission of the disease is interrupted, prevented or at least reducing occurrence of fresh cases in the community. This effort is supplemented by health education, training of staff research and investigations, reconstructive surgery, physiotherapy etc. for correction of deformities.

DR. SARADISH ROY: Whether any evaluation of this programme has been done or not?

SHRI B. SHANKARANAND. The All India Sample Survey conducted by the All India Survey Party specially the Bengal Survey Party ranging between 1929 and 1951 has revealed that about 9 million people were

surveyed; and as assessed against the 1951 population, about 15 lakh leprosy cases in India were detected.

DR. SARADISH ROY: My first question has not been answered. I wanted to know the evaluation of this programme since its inception. He has given the answer for 1929 to 1951, that is, pre-independence days. I also want to know whether the Central Government is financing the State Governments for the implementation of this programme and whether any nutrition is provided to the economically backward group of people so that they can readily combat this disease.

SHRI B. SHANKARANAND: The nutrition programme relates to the Ministry of Social Welfare and of course there is a coordination between the Ministry of Social Welfare and Health. I can tell that there is no such programme as nutrition programme which is there to combat the disease in this respect. Then my hon. friend wanted to know about the evaluation programme. The ICMR made an assessment of the National Leprosy Control Programme on various occasions and published reports—the last one was published in 1979.

DR. SARADISH ROY: What is the result?

SHRI SAMAR MUKHERJEE: This question was whether the government is helping the States to combat this disease.

श्री डी. पी. यादव : अध्यक्ष महोदय, छोटा नागपुर और संथाल परगना के क्षेत्र में जो आइसोलेटेड विलेजेज हैं वहां पर लेप्रोसी के केसेज बहुत पाए गए हैं। वहां सरकार का मोबाइल स्क्वाड या सर्च पार्टी नहीं जा पा रही है जिस से अन्दाज नहीं लग रहा है कि कितने केसेज हैं। गंसी स्थिति में इन इलाकों में जो बीहड़ इलाके हैं मंत्रालय कोई स्पेशल स्क्वाड या मोबाइल स्क्वाड भेज कर उन इलाकों का पता लगाएगा कि लेप्रोसी वहां कितनी मात्रा में है और जो लोग वहां इस से पीड़ित हैं उन को तुरंत सहायता देने की व्यवस्था करेगा ?

SHRI B. SHANKARANAND: This is a suggestion for action.

SHRI M. RAM GOPAL REDDY: The Minister has stated in his reply that 1/5 of the population of lepers is living in India whereas our population when compared to the entire world is 1/7, which is, of course, on the very high side. I want to know whether the Minister has got any plan to reduce it at least to the level of 1/7. I also want to know—during the last three years, this has gone up very much—how he is going to combat this disease?

SHRI B. SHANKARANAND: Perhaps the hon. Member wants to know whether the government is trying to propose some action in the matter to reduce this percentage. A major drive is to be launched during 1980 in order to break the traditional cycle of leprosy infection. This would involve a multidrug treatment regimen with Rifampicin, Clofazimine and DDS.

SHRI XAVIER ARAKAL: The hon. Minister has in his reply said that a majority of lepers are living in rural and backward areas. I want to know whether they are now moving from the rural areas to the urban areas. Not only that. When they come to the urban areas, they tend to colonise in certain areas, of the cities. What are the steps taken by the government to prevent them from coming to urban areas from rural areas and what are the steps taken to decolonise these people within the city area?

SHRI B. SHANKARANAND: The question primarily relates to the problem of detection. Patients are not detected; patients do not come forward for any treatment. It is difficult unless we come to know; isolation becomes difficult.

SHRI KRISHNA CHANDRA HALDER: I should like to know whether the government has identified leprosy prone areas of different states and if so the name of that area and the states? You know in my state Durga-

pur and Purulia districts are leprosy prone areas. Has the government any central programme for such leprosy prone areas, programme of giving assistance to the states and if so the breakup of that assistance.

MR. SPEAKER: I think it is too far fetched; he will not be able to give it off-hand, like this. Next question.

Decision to increase freight rates by India-Pakistan-Bangladesh Shippers Conference

*226. **SHRI SHIV KUMAR SINGH THAKUR:** Will the Minister of SHIPPING AND TRANSPORT be pleased to state:

(a) whether the India-Pakistan-Bangladesh Shippers' Conference has recently decided to increase freight from 1st May, 1980.

(b) if so, whether this decision was taken unilaterally without the approval of Indian Shippers;

(c) whether Government propose to intervene in the matter; and

(d) the extra foreign exchange burden which will be involved for India due to the proposed increased freight rates?

THE MINISTER OF SHIPPING AND TRANSPORT (SHRI A. P. SHARMA): (a) The India-Pakistan-Bangladesh-UK/Continent Conference has decided to introduce such an increase.

(b) The Conference announced its decision to increase the freight after consultations with the shippers Councils in India, Pakistan, Bangladesh and Europe though the All India Shippers Council has not accepted the freight increase announced by the Conference.

(c) The Government have no statutory power to intervene in the matter; it can only persuade and assist the Conference authorities and the shippers' bodies to arrive at mutually acceptable decisions. The Standing Consultative Committee on Freight and