

These State Governments/Union Territories have been reminded to accord sanction urgently. All the States have agreed to implement the modified plan. Till the modified plan is sanctioned, the existing scheme continues to operate.

(b) A statement containing the salient features of the modified plan is laid on the Table of the Sabha.

Statement

The salient features of the modified plan of operation for controlling Malaria are as follows:—

(1) Prior to the introduction of the modified plan, the Government of India provided insecticides at the rate of 10 M.T. per unit for 'attack' phase areas for total coverage and at the rate of 5 M.T. per unit for consolidation phase areas for undertaking focal spray. The Central Government also supplied insecticides for the maintenance areas but the cost is paid by the State Governments. In the Modified Plan of Operation, selective spray operations are to be undertaken on the basis of Annual Parasitic Index 2 and above irrespective of the erstwhile phasing of the areas as 'attack', 'consolidation' or 'maintenance'. The entire cost for spray in the areas previously covered by 'attack' and 'consolidation' phases will continue to be borne by the Central Government. The insecticide in excess of 5 M.T. required for spray in the areas now covered by the 'maintenance' phase shall also be supplied by the Central Government but the cost of 5 M.T. will be recovered from the States. The supply of the insecticides will be subject to operational cost in these areas being met by the States.

(2) The Malaria units shall be restructured so as to conform to the geographical district boundaries of the district and the Chief Medical Officer of the District will be responsible for the programme.

(3) In order to have scientific data from time to time for carrying out

selective spray operations and to know entomological conditions including the behaviour and susceptibility of the vector, entomological staff has been provided at the 72 Zonal levels in the country. These zonal levels shall generally be located at the Head Quarters of the Commissioner/Divisional Officers in the States. The Commissioner/Divisional Officer and the District Magistrate/Deputy Commissioner shall be required to review the programme in their monthly meetings.

(4) Anti-malaria drugs are being made available not only through the malaria workers, hospitals, Primary Health Centres but also through one or more of the various agencies like Panchayats, teachers, fever-treatment depots, etc. The drug shall also be available through commercial channels.

(5) Steps are being taken for imparting health education, giving publicity to the programme and enlisting public cooperation in the implementation of the programme.

(6) Research work shall be stepped up.

मध्य प्रदेश के बालाघाट जिले में
मैंगनीज के निक्षेप

* 382. श्री लक्ष्मण राव मानकर : क्या इस्पात और खान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या मध्य प्रदेश के बालाघाट जिले में कन्टारोझाड़ में मैंगनीज के घने निक्षेप होने पर भी वहां से मैंगनीज नहीं निकाला गया है ;

(ख) क्या मैंगनीज केन्द्रीय सरकार के अनुचित हस्तक्षेप के कारण नहीं निकाला जा सका है ; और

(ग) यदि हां, तो इसके क्या कारण हैं ?

इस्पात और खान मंत्री (श्री बीजू पटनायक) : (क) सम्भवतः अधिप्राय मध्य प्रदेश के बालाघाट जिले में कान्तागझिरी गांव (न कि कण्टारोझाड़) से हैं। कान्तागझिरी में मैंगनीज के भण्डार थोड़ी मात्रा में हैं। तथा आर्थिक दृष्टि से मितव्ययी न होने के कारण इस क्षेत्र में पहले से चल रही अधिकांश खानें बन्द हो गई हैं। इस समय केवल एक खान नामतः नेट्रा में उत्पादन हो रहा है। वरि 1976 में इस खान में 3000 टन मैंगनीज अयस्क का उत्पादन हुआ था।

(ख) जी, नहीं।

(ग) प्रश्न नहीं उठता।

Medical Graduates

*383. SHRI R. KOLANTHAIVELU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether estimates on the basis of the present rate of output of medical graduates point to a situation of possible unemployment of doctors;

(b) if so, the facts thereof;

(c) the reasons for this anomalous possibility in the face of almost total lack of adequate medical care for the rural and needy segments of community; and

(d) the policy proposed to be followed for purposeful orientation of medical education and meaningful utilisation of talent?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): (a) to (c). The present annual output of nearly 12,500 medical graduates could be potentially absorbed for many more years to come to meet the desirable doctors' manpower norms for the country. There is vast potential for self-employment of doctors in the country. But the reluctance of doctors to work in rural and semi-rural areas has led

to a peculiar situation where some posts in Primary Health Centres are vacant but about 8570 medical graduates were on the live register of Employment Exchange in 1976.

(d) The Government of India intend to restructure the undergraduate medical education curriculum to bring about a positive bias towards community orientation so that doctors trained by the medical colleges would be far more in tune with the spirit and needs of this nation.

सैकरिन के प्रयोग से कैंसर

* 384. श्री ईश्वर चौधरी : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सैकरिन के प्रयोग से कैंसर होने की सम्भावना रहती है ; और

(ख) यदि हां, तो क्या सरकार ने इस बात की जांच करा ली है और इस बारे में रोक-थाम के लिए क्या कदम उठाये गये हैं ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री राज नारायण) : (क) इस आशय की रिपोर्ट सरकार के ध्यान में आई है।

(ख) इस बारे में अध्ययन किए जा रहे हैं। कार्बनीकृत जल को छाड़ कर अन्य सभी खाद्य पदार्थों में सैकरिन के प्रयोग पर पहले ही रोक लगी हुई है। कार्बनीकृत जलों में भी इसके प्रयोग पर प्रतिबन्ध लगाने के लिए कदम उठाए जा रहे हैं।

घनबाद के डाक व तार कर्मचारियों को मकान

2782. श्री जगदम्बी प्रसाद यादव : क्या संचार मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या औद्योगिक क्षेत्रों में तैनात डाक व तार विभाग के सभी (केन्द्रीय)