

[Sh. P. Chidambaram]

12.00 hrs.

cable only to those grades/posts where the element of direct recruitment does not exceed 66-2/3% will be liberalised by revising the ceiling to 75% thus bringing more grades/posts within the ambit of the reservation orders.

I am sure that this House will welcome these decisions.

MR. SPEAKER: The House will now take up the next item i.e. Calling Attention. Dr. C.P. Thakur...

SHRI AJAY MUSHRAN (Jabalpur): Sir, with your permission, I will just take half-a-second. There is a reservation which has been made for the ex-Servicemen also. I will urge the hon. Minister, through you Sir, to safeguard their interests also in the similar manner.

MR. SPEAKER: Not like this.

SHRI AJAY MUSHRAN: Their interests should also be safeguarded in case of categories C&D in the similar way.

[MR. DEPUTY SPEAKER *in the Chair*]

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

[English]

Growing incidence of Kala-azar in Bihar and other parts of the country

DR. G.S. RAJHANS (Jhanjharpur); Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:—

"The situation arising out of the growing incidence of Kala-azar in Bihar and other parts of the country and the remedial measures taken by the Government in that regard."

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): Kala-azar is a major public health problem in the States of Bihar and West Bengal. It is spread by the Sandfly Vector, which is predominantly seen in the Gangetic belt. The population exposed to risk in the endemic areas is about 44 million. The number of cases and deaths reported in the States of Bihar and West Bengal during the last three years is as under:—

	<i>Bihar</i>		<i>West Bengal</i>	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
1986	14079	47	3718	25
1987	19179	77	4447	10
1988 (prov.)	19639	123	3068	2

During the last two years, the number of Kala-azar cases have increased marginally in Bihar. However, the number of deaths have increased by 60 per cent in Bihar. In West Bengal, the number of cases and deaths have shown a declining trend. Spo-

radic cases have also been reported from Uttar Pradesh, Assam and J&K.

The number of endemic districts have increased from 21 to 27 in Bihar during the last three years. Similarly, the number of

endemic districts in West Bengal has increased from 4 to 8 during the last three years.

The control measures for Kala-azar consist of the following:—

- i) Indoor residual spraying with insecticides (DDT) to interrupt transmission;
- ii) Health education for disease prevention through improvement of general sanitation in and around the houses to eliminate breeding ground of Sandfly;
- iii) Case detection and management of all patients.

The standard drug of choice for the treatment of Kala-azar is Sodium antimony Gluconate. The cost of the full course of treatment with Sodium Antimony Gluconate is Rs. 150/- per patient on an average and the drug is freely available in the market. A few cases may fail to respond to this drug and require imported drug such as pentamidine Isothianate, which is toxic and should be administered under medical supervision.

A Committee has recently been constituted by the Government to suggest the most suitable treatment regimen for Kala-azar cases.

The Government of India has been having periodic consultation with the State governments of Bihar and West Bengal regarding control of Kala-azar. Based on discussions held at Patna on 8.10.1988, it was decided to launch an Action Plan for control of Kala-azar. The Action Plan envisages—

- Interruption of transmission through two rounds of spray with DDT in all the endemic districts;
- Early diagnosis and treatment of Kala-azar cases;

— Health education.

For the implementation of the Action Plan and to contain the spread of the disease, cash assistance of Rs. 150.00 lakhs and Rs. 50.00 lakhs was released in financial year 1988-89 to the Governments of Bihar and West Bengal respectively. The State Governments are required to provide an equivalent amount as matching contribution. The insecticide (DDT) required for spray operation is being supplied under the National Malaria Eradication Programme.

The Programme was reviewed in a meeting convened by the National Institute of Communicable Diseases on 16.2.1989 with the representatives from the Government of Bihar and West Bengal.

It was decided that the State Governments would take the following measures:

- door to door search programmes for detection of Kala-azar cases would be undertaken by the health workers for a period of about ten days. The suspected cases will be reported to the Primary Health Centre for confirmation of treatment and diagnosis.
- two rounds of insecticidal spray in the endemic districts would be organised to interrupt transmission under the leadership of the Primary Health Centre Medical Officer.
- guidelines for providing treatment would be sent to all district Hospitals/ Primary Health Centres on the basis of the schedule recommended by the World Health Organisation. All suspected cases will be followed up for a period of six months.
- availability of drugs and diagnostic facilities would be ensured in the Primary Health Centres.
- Training programmes would be organised for the medical officers and laboratory technicians in the endemic districts.

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- health education measures would be promoted through personal contact by health workers and opinion leaders. Mass media channels would also be utilised to propagate health education messages.

It is hoped that with the implementation of these measures it would be possible to effectively control Kala-azar.

[*Translation*]

DR. G.S. RAJHANS: Mr. Deputy Speaker, Sir, there is a proverb in Hindi. "Jaake Par Na Fati Biwai, Wah Kya Jane Per Parai"

[*English*]

One who is not hurt, does not understand what it means when one is hurt.

[*Translation*]

I can say it with confidence that none of the two hon. Ministers have ever seen a patient suffering from Kalaazar. In Bihar people call it black python. Just as a python gradually devours its prey, similarly Kalaazar kills its patients slowly and slowly in two three months period. It not even possible to imagine it here in Delhi how dreaded is this disease.

I regret to say that the statement just given by the hon. Minister is a stereo type one. She has merely read out the data prepared by the bureaucrats. Last year 11 August a reference was made to Kalaazar during the discussion on a Calling Attention Motion and Saroj ji and Shri Bora were present here. On that day, we had detailed discussion on the subject. If the hon. Minister has a look at the earlier statement and the statement given by her just now, she will find that the present statement is only the true copy of the earlier one. But it is very strange thing that in the statement made on 11.8.1988 it was stated that a total of 103

persons died in 1987 whereas today's statement shows that only 67 persons died in 1987. I was not able to understand how these 16 dead persons had come back to life. I am quoting these figures from Parliamentary documents. In her reply dated 11-8-1988 she had stated that a total of 103 deaths took place, and in today's statement it has been stated that there were 87 deaths in 1987 on account of Kalaazar. It is possible that the information of some deaths might have been received later and added to the previous figures at a later stage, but it is for the first time I am hearing that dead persons could come back to life.

Secondly, the hon. Minister has said that there has been a marginal increase in the incidence of Kalaazar in Bihar. Last year also I had said this thing and this year I repeat the same thing and that too with confidence that the figures which you have given here are totally wrong. It is very surprising. In Madhubani alone thousands of people have been suffering from this disease. Thousands others are suffering in Darbhanga There are large number of people in Samastipur, Sitamarhi and Muzaffarpur who have been suffering from this disease. In this way lakhs of people are in the grip of this disease in Bihar alone. If not more, please go through the newspapers published from Bihar during the last six months. If there is a Research Division in your Ministry, please ask its personnel to go through the newspapers published from Bihar during last six months. From these newspapers you will find that lakhs of people have been suffering from Kalaazar in Bihar. It is unfortunate that the Government does not take it seriously and realise its gravity. It simply sidetracks the issue with these words that incidence of the disease is not that much, Mr. Deputy Speaker, Sir, I would like to say that the situation has become very critical. You cannot just sidetrack the issue by saying that it is endemic disease and spreads mostly in the gangetic plains. But the fact is that 44 million people have been afflicted by the sandfly. It is a communicable disease and spreads through sandfly. Last year you had said specifically that you will

make all out efforts to check the spread of the disease. But it is very unfortunate that no progress has been made in this regard so far. No efforts have been made to check the disease. I can say it with certainty that all your figures with regard to D.D.T. spray are bogus. The people who supply these figures to you are bureaucrats. It is not your fault. Your bureaucrats are just throwing dust in your eyes. Nothing is true in it. You say that only 26 to 27 districts are affected by this disease but the fact is that this disease has taken in its grip all the districts of Bihar. It has become infectious in North Bihar. If you go there you will find that people in all villages are suffering from this disease. You won't be able to bear the horrible sight. Shri Vora had assured me that he would visit North Bihar and see to himself as to how the Kalaazar patients live in villages. Shri Vora has since relinquished the post, I would like to request both the hon. Ministers to go round North Bihar and see to themselves how people in the villages are suffering from Kalaazar. Their condition is so pathetic, that words fall short to describe it. I have before my own eyes people fretting out their lives and, I am myself in the State of utter helplessness only with this feeling what could I do for them. A large number of patients suffering from Kalaazar had come to Delhi. I took them to various hospitals in Delhi. The superintendent of the All India Institute of Medical Science, Dr. Safaya helped me in some cases. But in Dr. Ram Manohar Lohia Hospital and other hospitals, I was told that this disease was confined only to Bihar and West Bengal, as such no medicine for this disease was available with them. In this connection I would like to submit that when treatment for this disease was not available in Bihar and West Bengal, the poor patient came here. You have said in your statement that this disease can be cured by sodium antimony gluconate. But even being a non-medico I can say very confidently that this disease can not be cured by this medicine. You say that the patient of this disease can be cured for Rs. 150 only. But I say that even after spending Rs. 5000 the patient does not get rid of the disease. It is a very horrible disease. I may tell you that this disease is

curable by only one medicine, the mention of which you have also made in your statement and that medicine is Pentamedien. This medicine is mostly manufactured in France and it is imported to India from France. In your statement of 11th August you had said that 10,000 phials of this medicine had been sent to Bihar. But I found in Madhubani and Darbhanga that this medicine has not reached to even a single person. If this medicine was sent by the Government you may please give the district-wise break-up of it. Where did the medicine go? This medicine is very costly. In the black market one phial of this medicine costs Rs. 10,000. People used to get this medicine from Nepal but now our relations with Nepal are not cordial. Moreover with that high cost of Rs. 10,000 for a phial, people are accursed to die. Besides death they do not have any other option. You have said in your statement that you had taken the following preventive measures to check the disease.

[English]

"Indoor residual spraying with insecticides (DDT) to interrupt transmission; Health education for disease prevention through improvement of general sanitation in and around the houses to eliminate breeding ground to sandfly; Case detection and management of all patients."

[Translation]

I would like to submit quite humbly to the hon. Minister that none of the above measures has been taken by him. All of us will return to our houses after having a discussion on Kalaazar, but lakhs of patients in Bihar who have been suffering from this disease are gradually sliding into the abyss of death. There is nobody to save them. D.D.T. has not been sprayed even in a single village. At least it has not been done in North Bihar, that much I can say confidently. May I know from the hon. Minister the names of the districts, blocks and villages in Bihar where the sum of Rs. 150 lakhs has been distributed? Please furnish the break-up of the same. Even about sanitation you have

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stated that provisions for it have been made. May I know the name of such villages and Blocks where it has been done. You may express it very recently that case detection was undertaken and management of patients was done. But in fact, nothing of that sort was done. Instead the patients were left to their fate and die their own death. Unless you take this disease quite seriously, this problem is not going to be solved.

When there was incidence of Cholera in Delhi, the whole country was taken by storms. The number of people dying of kalaazar in Bihar every year is hundred times more than the number of people who had died of cholera in Delhi. There is non to look after them. I am afraid that kalaazar will also spraad in Delhi because it is a Communicable disease and caused by the Mosquitoes which a.e on rise in Delhi. (*Interruptions*)

I say that it should also spread in Delhi so that you may realise the pangs of this disease. You have asked me not to say so, but I would like to say that it should spread in Delhi today itself instead of tomorrow so that you people may realise what the disease of Kalaazar is.

RAO BIRENDRA SINGH (Mahendragarh): Please have it postponed till the term of this Parliament is over.

DR. G.S. RAJHANS: I ask you to please undertake D.D.T. spraying at least in trans-Yamuna colonies. In South Delhi also the mosquito menance has reached unprecedented dimensions.

Kalaazar had totally been eradicated in Bihar in 1950. How was it eradicated? It was because the Government had taken some effective steps. Even the incidence of malaria was very high in Bihar. In order to eradicate malaria D.D.T. spraying was conducted on a large scale. As a result of that mosquitoes causing malaria and Kalaazar had been totally wiped out. Now the inci-

dence of this disease is on a very high scale. Last year you had said that you were taking some measures there. I say confidently that nothing of the sort is being done. Please do something so that people who are not suffering could be saved and others who are already suffering from it, could be given treatment.

Please make import of pentamendien on a very large scale. It is upto you whether to import it from France or from some other country. Please do it under the aegis of the Central Government and supply medicine to the patients under the supervision of the Government. In Bihar, this medicine is available only in the black market. As a result, many people are not getting it.

I would like to submit one point more. The Government has stated in its statement that it is adopting an integrated approach to eradicate this disease. I would like to urge that a similar integrated approach should be adopted to tackle Kala-azar as was done in the case of Malaria. Sprays etc., should be undertaken for controlling this disease. Spraying will automatically eradicate this epidemic.

The Government had stated earlier also and it has been repeated in this statement that arrangements will be made for effective monitoring. But no monitoring is being done. I can vouchsafe that no monitoring is being done and the affected people are being left to their fate. The Government should take necessary initiative in this regard. I would like to suggest that a programme should be formulated at the Central level and it should not be left to the States alone. When malaria became a serious epidemic in 1950 and the entire country was in its grip, a malaria eradication programme was formulated under the Central Government. This programme should also be brought under the Central control which will help in checking this epidemic.

Finally, it has been stated that the staff of the Primary Health Centres will be responsible for the identification of this disease and

for administering necessary medicines to the patients. Is the Government aware that in 90 per cent of the blocks in Bihar, there are no Primary Health Centres? There are neither any medicines nor any doctors available in these centres. The responsibility of controlling this disease should not be left to the State Governments. Already a large number of people have died of this epidemic and lakhs of more people will die if left at the mercy of the State Governments. The people will not exonerate us for just paying lip service. Our responsibility does not end there. The Government should consider it as a national problems and make efforts accordingly. Efforts should be made to end this epidemic and the people who are already affected by this disease should be given proper treatment. This is all I have to submit.

[ENGLISH]

MR. DEPUTY SPEAKER: Shri Kunwar Ram is not present; Kumari Mamata Banerjee is also not present. So the Minister may reply now.

KUMARI SAROJ KHAPARDE: Mr. Deputy-Speaker, Sir, hon. Member, Dr. Rajhans has expressed his concern about this disease. We are equally concerned about the prevalence of this disease. I would like to inform the hon. Members that the Government of India is taking all steps to prevent this disease.

The hon. Member mentioned that whatever statement or figures I have given to the hon. House are based on the information given by the bureaucrats, and that these are not correct. I do remember that when my senior Cabinet colleague, the then Health Minister, Shri Vohra was there, this question had come up before the House for discussion at that time and whatever we had said then and what I have mentioned now in the House, there is a difference figure-wise.

Sir, the officials in my Ministry are in constant touch with the officials of the State Governments like Bihar, and West Bengal and they have not only had one or two

meetings, but a series of meetings and discussions on the measures being taken to control this disease in the respective States.

The hon. Member is from Bihar and that is why he is very much disturbed and pained to find this particular disease in his State. While making his observations, he mentioned so many things.

The hon. Member mentioned that the medicine which is useful for this particular disease, Kala-azar, is not being provided to the State Governments in sufficient quantity. He also wanted to know which are the places where we have supplied these medicines.

The State Government are procuring drugs periodically and ensuring supply to all the affected areas. During 1988-89, the Bihar Government procured 88419 vials of Sodium Antimony Gluconate and 9898 vials of Pentamidine Isothianate. There is no shortage of drugs and as on 12.4.1989, 12770 vials of Sodium Antimony Gluconate and 800 vials of Pentamidine Isothianate were available with the State headquarters in addition to the stocks available at the district level. This is sufficient to treat about 2550 cases (average 5 vials per patient). The Government of Bihar has proposed to procure 100,000 vials of Sodium Antimony Gluconate and 10000 vials of Pentamidine Isothianate during this year at an estimated cost of Rs. 38.95 lakhs to provide treatment to approximately 23000 cases in Bihar.

Sir, the Hon. Member mentioned about the import of Pentamidine. Only less than 10 per cent cases will need the imported drug which is toxic and has to be administered under medical supervision. As the Hon. Member mentioned, adequate quantity of this drug is being imported from France.

Sir, the anti Kala-azar drugs have been supplied to all the hospitals in Delhi also. Hon. Member mentioned that he got good treatment from the AIIMS and he particularly mentioned the name of the Superintendent of AIIMS in this regard. The anti Kala-azar drug is supplied to all the hospitals in Delhi

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on demand by the National Institute of Communicable diseases and we find that there is no shortage of drug anywhere.

As advised by the Planning Commission, a separate programme for the control of Kala-azar will be prepared in the 8th Plan. However, in 1988-89 a cash assistance amounting to Rs. 1.5 crores has already been released to the Government of Bihar and West Bengal. Besides this, insecticidal spray has also been supplied. A matching contribution has been provided to other State Governments.

Sir, I thought the Hon. Member will ask about different districts. I can assure the House that at no cost Government can afford to ignore the Kala-azar disease in West Bengal or in Bihar or for that matter in any part of the country. As and when demand comes from any State Government, we send our teams there with the necessary medicines and the necessary help.

Sir, with these words I thank the Hon. Member for raising this point and if there is anything more he wants to know, I would be glad to reply.

DR. G.S. RAJHANS: Madam, I would like to know why there is a discrepancy in the death figures given in this statement and the previous statement.

Secondly, I would like to request you to do something to educate the people about this dreaded disease and how it can be cured. People, particularly in North Bihar, are not quite educated.

KUMARI SAROJ KHAPARDE: Sir, we have already got a programme for educating people in this regard.

As regards the figures, I would like to mention that we always quote the figures which we got from the State Government and I don't think that the information supplied by the State Government is not correct. If the

Hon. Member has any doubt about the figures, I will ask my Ministry to send some team to find out the facts and definitely the Ministry will look into the whole affair of Kala-azar in the State of Bihar.

12.35 hrs.

MATTERS UNDER RULE 377

[Translation]

(i) Demand for Development of Chitrakoot as a tourist resort

SHRI BHISHMA DEO DUBE (Banda): Mr. Deputy Speaker, Sir, Chitrakoot is one of the most pious pilgrim centres and historical places which is visited by lakhs of pilgrims every year. It attracts people because of natural beauty and religious and historical significance. The place has not been developed at all keeping in view the number of pilgrims and tourists that visit.

Tourism is a major source of earning foreign exchange. If Chitrakoot is properly developed, the number of pilgrims and tourists may increase considerably. If the flights to Khajuraho are diverted via Chitrakoot and this place is air linked to Prayagraj and Ayodhya, it would be of great convenience to the tourists and the number of tourists to Chitrakoot would positively increase thereby.

Government should therefore construct an airport at Chitrakoot and provide help to develop it as a major tourist resort.

[English]

(ii) Demand for an electronic telephone exchange at Jammu

SHRI JANAK RAJ GUPTA (Jammu): Due to the defective telephone exchange in Jammu, the people of that area are facing great inconvenience and difficulties. The telephone exchange installed at Gandhi