

(d) The following steps are being taken to intensify control of Malaria in the country including the State of Orissa:

—Insecticides and drugs for undertaking vector control measures and treatment are being provided in keeping with the State's instructions to manufacturers.

—Technical assistance of the Directorate of National Malaria Eradication Programme is also given to all States including Orissa.

—Experts from the Central Malaria Control Directorate have been visiting the affected districts of the State to guide the health authorities right from 1995. In 1996 the Malaria experts have visited the State in June and again September and given detailed reports to the State Malaria authorities for taking remedial action.

—Surveillance machinery at the State level is reported to have been geared up for early detection of cases and taking remedial measures.

—A Malaria Control Project with support from World Bank to intensify Control Measures in malaria-endemic and tribal/backward areas of the country including Orissa is currently under formulation.

#### Falciparum Malaria

\*264. PROF. RAM KAPSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the appearance of P. Falciparum Malaria in the Country;

(b) if so, whether Government are aware that P. Falciparum malaria has again reappeared in Thane District;

Question Nos. 261 and 264 were clubbed together.

(c) what are the Taluka-wise details of reappearance of P. Falciparum Malaria in recent six months;

(d) whether Government propose to intensify Malaria Eradication Programme; and

(e) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF PLANNING AND PROGRAMME IMPLEMENTATION AND MINISTER OF STATE OF THE MINISTRY OF SCIENCE AND TECHNOLOGY (SHRI. YOGINDER K. ALAGH): (a) to (e) A statement is laid on the table of the House.

#### Statement

(a) and (b) Government is aware of prevalence of P. falciparum Malaria in the country including Thane District of Maharashtra.

(c) Taluka-wise details of P. falciparum Malaria cases in Thane district of Maharashtra during May to October, 1996 are annexed as statement-1. (see below).

(d) and (e) The National Malaria Eradication Programme, a Centrally Sponsored Scheme is being implemented in the country including the State of Maharashtra on 50:50 sharing basis of expenditure between the Centre and the States. The share of the Centre is essentially in the form of supply of insecticides and drugs. The entire operational cost is, however, to be borne by the States.

The steps being taken by the Government to intensify Malaria Eradication Programme, inter-alia, include:

1. Adequate quantity of Insecticides and Drugs are being supplied to the Government of Maharashtra.

2. For the first time, the new generation Insecticides viz. Synthetic Pyrethriod was supplied to the Government of Maharashtra during 1996 for insecticidal spraying in triple resistant areas in the State.

3. Technical assistance is provided to the State Health Authorities by the Directorate of National Malaria Eradication Programme.

A Malaria Control Project with the

support from World Bank to intensify Control Measures in Malaria endemic, tribal/backward areas of the Country including Maharashtra is currently under formulation.

#### Statement-I

*Taluka-wise details of P. Falciparum Cases in Thane District of Maharashtra in the Recent Six Months*

| No. Taluka  | May, 96 | June, 96 | July, 96 | Aug., 96 | Sep., 96 | Oct., 96 |
|-------------|---------|----------|----------|----------|----------|----------|
| *Vasai.     | 5       | 22       | 48       | 66       | 18       | 46       |
| *Bhiwandi   | 5       | 4        | 17       | 17       | 16       | 36       |
| *Shahapur   | 32      | 47       | 53       | 148      | 65       | 114      |
| *Murbad     | 23      | 28       | 273      | 42       | 19       | 17       |
| *Ulhasnagar | 8       | 8        | 12       | 30       | 20       | 27       |
| *Kalyan     | 8       | 5        | 9        | 29       | 22       | 14       |
| *Thane      | 175     | 203      | 171      | 286      | 385      | 430      |
| *Jauhar     | 68      | 112      | 160      | 292      | 440      | 308      |
| *Mokhada    | 58      | 109      | 156      | 149      | 190      | 183      |
| 0. Wada     | 80      | 118      | 97       | 321      | 210      | 112      |
| 1. Talasari | 50      | 78       | 110      | 95       | 220      | 200      |
| 2. Dahanu   | 37      | 42       | 41       | 172      | 514      | 432      |
| 3. Palghar  | 77      | 71       | 87       | 139      | 165      | 176      |

PROF. RAM KAPSE: Sir, malaria in two forms has created a problem throughout India, especially in metropolitan cities and also in villages. I would like to know, beyond the routine malaria eradication programme, what immediate steps to avoid deaths due to malaria are being taken by the Central Government.

#### WELCOME TO JOINT PARLIAMENTARY DELEGATION FROM SOUTH AFRICA AND NAMIBIA

MR. CHAIRMAN: May I just say something, before you answer? There is an announcement to be made.

Hon. Members, I have an announcement to make. We have with us seated in the Special Box Members of a Joint Parliamentary Delegation from

South Africa and Namibia currently on a visit to our country. On behalf of the Members of the House and on my own behalf, I take pleasure in extending a hearty welcome to the Members of the Joint Delegation and wish our distinguished guests an enjoyable and fruitful stay in our country. We hope that during their stay here they would be able to see and learn more about our Parliamentary system, our country and our people. Their visit to this country will further strengthen the friendly bond that exists between our country and their countries. Through them we convey our greetings and best wishes to the legislators and the friendly people of South Africa and Namibia.

Yes, Hon. Minister.

Uncorrected/Not  
publication—10.12.1996.

ORAL ANSWERS TO  
QUESTIONS—cond.  
(Q.No. 261 & 264 (contd.))

SHRI YOGINDRA K. ALAGH: Mr. Chairman, Sir, for one thing I don't think it is fair to call the National Malaria Eradication Programme a routine programme because it is a programme which first keeps detailed surveillance on malaria. It provides both insecticides and drugs to the States for controlling it. The States are expected to have in operation the machinery with which to use this. But as and when in the endemic areas there are reports of an attack of malaria, prevalent malaria, a Central team is deputed to that area so that the surveillance machinery can be strengthened. If there are any special technical aspects that have to be looked into, that advice is given to them and the report is given to them. For example, both in June and September in some districts of Orissa where this problem was there, a Central team had been to those areas. The State Government of Orissa has been advised that they must set into operation, set into place a machinery for spraying, for taking all other steps that are necessary to control malaria.

PROF. RAM KAPSE: Mr. Chairman, Sir, when I had put a question, I wanted the Government to work not as a firebrigade but to see to it that these things do not happen. The Minister has given figures about the Thane district and almost in every tehsil of Thane district, the malaria has created a serious problem. It is true about urban areas. It is true about villages also. For some years malaria was eradicated, but it returned in a dangerous way and people are dying. Even in Delhi people are dying. I would like to know from the hon. Minister what special measures he proposes to take to tackle this kind of special malaria. It has really created a serious problem. I know that the Government is doing its routine work. But I feel that some special efforts

for need to be taken to tackle it. Therefore, I had put the question.

The Minister says in the last paragraph of his reply to the Q.No. 264, "A Malaria control project with support from the World Bank to intensify control measures in malaria endemic, tribal/backward areas of the country including Maharashtra is currently under formulation." I would like to know from the Minister at what stage this project of the World Bank is functioning. When is he going to start it?

SHRI YOGINDRA K. ALAGH: Mr. Chairman, Sir, I fully share the concern of the hon. Member. Malaria in a recurrent form has come down. We have seen during this year that the incidence of malaria in areas of Orissa which was referred to in the first question, the reported incidence, went down between 1991 and 1995. In the first ten months of this year the incidence is more than that in the last year. Now, the kind of steps that are being immediately taken include, of course, testing to find out whether the parasite is resistant to conventional drugs and conventional insecticides. We do have programmes for providing synthetic pyrethroids or fish larvae. Since the hon. Member has studied the National Malaria Eradication Programme, he knows about it. Apart from this programme we do have vector control, spraying and surveillance programmes also for which we rely on community involvement. The hon. Member was absolutely right when he mentioned about rainfall, stagnant water levels and periodic conditions. These do require to be looked into.

The project of the World Bank is at present in a formative stage. It is, in fact, what I would call in a pre-feasibility kind of level. In the project formulation special resources are to be kept so that whenever there is an endemic attack anywhere in the country, resources can be concentrated on it.

Now, as far as research efforts are concerned would agree with the hon.

Member that we need to put more emphasis on them because there is evidence now of the parasite being resistant to traditional kinds of methods. There are two kinds of approaches that we have to follow and the States and communities have to get involved. One is, of course, to immediately rush to the aid of those areas where there is the basic incidence on a larger scale, use the kinds of medicines and insecticides, the special ones that we have, after finding out whether the bug is resistant to, let us say, DDT or BHC or chloroquine, in terms of treatment and also do more research on things like biogenic pesticides, synthetic pyrethroids or using fish, for example fish larvae, and things of that kind. But I do share the Members concern that malaria is a problem which has been rampant in some parts of the country. I would like to urge upon the State Governments also to participate in the National Malaria Education Programme. The centre participates in giving technical assistance, in giving drugs, in giving insecticides. As for the local machinery, in some cases we find that the staff are not in position and that also is leading to difficulties.

I am grateful to the hon. Member for the concern that he is showing which I would also like to underline. If there are specific suggestions, I would be happy to listen to them.

SHRI S.B. CHAVAN: Mr. Chairman, Sir, I think the Government is taking this Malaria Eradication Programme in a routine fashion. For the last three or four years, everyone in this country knows that while they are claiming that they have eradicated malaria, it has come back with a greater vengeance and there are large areas, specially in the Adivasi areas and remote areas and also in bigger cities, where we find that the recurrence is on a very big scale. So, the routine sorts of attempts which are being made are not going to solve the problem. Apart from the assistance you are going to get from the World Bank, I would like to know, what you are going to give. In

reply to parts (a) and (b) of the first question, you have said that malaria is endemic in the State of Orissa and that you are giving only 50-50 in the case of ordinary malaria eradication. When it is the responsibility of the State Government to provide the entire operational costs to be borne by them, it is for normal States where malaria occurs once in a way. But where it is endemic, it is different. I am sure, you are making a difference between the endemic States and the others. What exactly are the criteria on which you are treating them? Besides the technical help you give, is any other help given by the Central Government because of the endemic nature of the incidence of malaria?

SHRI YOGINDRA K. ALAGH: Taking the last aspect of the question of the hon. Member, Shri Chavan, first, the Central Government also provides money for drugs and insecticides apart from technical advice. That is a fairly major component for spraying and for medication.

SHRI S.B. CHAVAN: You are not making any distinction.

SHRI YOGINDRA K. ALAGH: These are basically for the endemic areas.

SHRI AJIT P.K. JOGI: Are you making any special allocation for those States which are endemic?

SHRI YOGIENDRA K. ALAGH: I will be coming to that. The other thing that is necessary is, I think, the involvement of the State Government because these are very local kinds of incidences in terms of information on water bodies, on local conditions, etc.

As you say, if malaria is endemic in a State, I would recommend to the hon. Member to consider that at least the State Government should give that much of priority so that it gets the staff in position with local knowledge, in order to implement the programme effectively. Now, to give an account of the magnitude of money that have been given, a fairly substantial sums of money

have been spent. For example, the Central Budget allocation which was Rs. three crores in 1991-92, had gone up to Rs. 7.08 crores. (*Interruptions*)

SHRI S.B. CHAVAN: I am not interested in all that. The thrust of my question is: "Are you going to make any difference between an endemic area and the other areas?" You are trying to avoid that question. So far as the operational staff is concerned, is it on yearly basis? In an endemic area atleast. I presume that staff is on a continuing basis.

SHRI YOGINDRA K. ALAGH: But, Sir, some of the States do not have staff in position at all. (*Interruptions*) For example, Orissa does not have staff in position. I think we should get the State Governments involved. I am making a submission for your consideration, that involving the State Government in terms of staff, is an important part of the entire malaria eradication effort. (*Interruptions*)

SHRI AJIT P.K. JOGI: You give them additional resources.

MR. CHAIRMAN: Please sit down. If you keep quiet. I will call you later. Otherwise, I will consider your question put, probably.

SHRI YOGINDRA K. ALAGH: As far as special facilities are concerned, as I said earlier, we are not thinking of this in a routine manner. We have adopted the environmental methods; we are taking care of the larviparous fish; we are using the biosites, environmental management methods and the selective residual method etc. They are now talking about medicated mosquito nets. So, we are trying to bring into play advanced technologies and to create a system which I think would take care of some of Chavan Sahib's concern. At the Central level, we have reserve resources so that if there is a problem in a particular area, we can push them there and that is there in the present World Bank's project. As Chavan Sahib knows, it is not possible to immediately change a Centrally-sponsored project. For example, if you

move over from 50 per cent basis to 100 per cent basis, then it requires a lot of procedures and the States, as you know, in the NDC are generally against having more Centrally-sponsored projects. But I share the concern of the hon. Members that this is a very serious area and I hope we can persuade the Planning Commission that in the Ninth Plan, as far as major diseases are concerned, frontal attack is made on the problem.

SHRI ONWARD L. NONGTUDU: Mr. Chairman, Sir, I would like to know whether the Government is aware of the fact that a large number of people died due to malaria in the North-Eastern region of the country during the last year, that is, 1995, and during this year also, up to September 1996. In one of the districts of the State of Meghalaya, about 200 people died from suspected falciparum malaria. If so, what arrangements have been made by the Central Government to provide for immediate field testing by the State Government to remedy the situation?

SHRI YOGINDRA K. ALAGH: I am sorry. Mr. Chairman, Sir, I thought that you had called the next question. I would request the hon. Member to repeat his question. I offer my very sincere apologies to him for this lapse. Somehow or the other, I mistook his question for another question. I thought that the Chairman had called the next question. Will you please repeat your question?

SHRI ONWARD L. NONGTUDU: Mr. Chairman, Sir, I would like to know whether the Government is aware of the fact that a large number of people died due to malaria in the North-Eastern region of the country during the last year, that is, 1995, and during this year also, up to September 1996. This happened especially in Assam and Meghalaya. If so, what arrangements have been made by the Central Government to provide for immediate field testing by the State Government to remedy the situation?

SHRI YOGINDRA K. ALAGH: Sir, I again offer my very sincere apologies to

the Member, and I am grateful to him for repeating the question. Sir, in the North-Eastern States we take care of the entire expenditure on the National Malaria Eradication Programme and surveillance is one of the first objectives of the Programme. Apart from having testing arrangements for detecting the kind of malaria, whether it is *Falciparum* Malaria or not, we are also having testing arrangements for finding out whether the parasite is resistant to traditional insecticides and traditional medication also. So, in the North-Eastern States, which are treated as Special Category States, hundred per cent of the expenditure is borne by the Government of India on the National Malaria Eradication Programme.

**श्री अजीत जोगी:** माननीय सभापति महोदय, मंत्री जी ने एक सुझाव दिया है कि जिन आदिवासियों के पास पहनने को कपड़े तक नहीं हैं, उन्हें मेडिकेटिड मॉस्किटो नेट देने चाहिए जिससे वे मलेरिया से बच सकें। इसलिए मैं मंत्री जी से सीधे-सीधे तीन भागों में अपना प्रश्न पूछना चाहता हूँ।

मेरे प्रश्न का पहला भाग तो यह है कि यह अब तय हो गया है कि आपके डी०डी०टी० और दूसरे केमिकल्स इन मास्किटोस के रेजिस्टेंट हो गए हैं, इम्यून हो गए हैं और उड़ीसा और मध्य प्रदेश के आदिवासी इलाकों में इनका कोई असर नहीं हो रहा है और वहाँ हजारों की संख्या में लोग मर रहे हैं। तो मैं जानना चाहता हूँ कि क्या आपने कोई विकल्प ढूँढा है ऐसे केमिकल्स का, जिनका डी०डी०टी० आदि की जगह को खे किया जा सके और जिससे मच्छर मर सकें?

इन क्षेत्रों में पहले फालसिपरम मलेरिया नहीं था। अगर मलेरिया होता था तो उसमें बुखार होता था और थोड़े दिन बाद लोग अच्छे हो जाते थे, लेकिन अब आदिवासी इलाकों में फालसिपरम मलेरिया विद वेन्जेन्स हो रहा है और वहाँ लोग मर रहे हैं। एक-एक जिले में चार-चार सौ, पाँच-पाँच सौ डेथ इसी मानसून में हुई हैं। तो मैं अपने प्रश्न के (ब) भाग के रूप में जानना चाहता हूँ कि इस फालसिपरम मलेरिया के लिए आप कोई ड्राइव आदिवासी इलाकों में चलाएंगे?

और (स) व अंतिम भाग के रूप में मैं जानना चाहता हूँ कि आप बार-बार कह रहे हैं कि स्टेट्स कुछ करें, स्टेट्स के पास रिसोर्सिज़ नहीं हैं, आप जो पैसा देते

हैं उसी से वे काम कर रही हैं — इन इलाकों में जहाँ मलेरिया बहुत है, वहाँ....

**MR. CHAIRMAN:** Please conclude now.

**SHRI YOGINDRA K. ALAGH:** Sir, my submission to the hon. Member is this. As regards the whole question of provision of medicated mosquito nets, this is not a kind of suggestion which we should take lightly. He is absolutely right and I have admitted it earlier also that the incidence of *Falciparum* Malaria is increasing. Sir, if he wants, I can give him the statistics which, to an extent, verify what he is saying. It is not that everywhere the malarial bug is resistant...(Interruptions)...

**SHRI AJIT P.K. JOGI:** I have asked the question in three parts.

**SHRI YOGINDRA K. ALAGH:** I am coming to that. Let me speak...(Interruptions)...

**MR. CHAIRMAN:** Please allow him to speak.

**SHRI YOGINDRA K. ALAGH:** As far as his concern...(interruptions)...

**MR. CHAIRMAN:** Mr. Jogi, if you don't interrupt, then the Minister will answer.....(interruptions).....

**SHRI SURIDNER KUMAR SINGLA:** Sir, he is getting confused!

**SHRI YOGINDRA K. ALAGH:** I don't get confused. You get confused with my answers...(interruptions)...

**MR. CHAIRMAN:** What is this? I don't understand. Do you want an answer from the Minister or not?

**SHRI AJIT P.K. JOGI:** We want an answer, Sir.

**MR. CHAIRMAN:** Then you don't interrupt.

**SHRI AJIT P.K. JOGI:** Will they provide additional resources?

**SHRI YOGINDRA K. LAGH:** Sir, It is not that in every district the bug is resistant, the malarial parasite is resistant to DDT or BHC or Choloroquine. So,

one of the strategies is to find out in which areas such resistance is there. Now if the resistance is there, then the answer to that is newer pesticides and different kinds of medication, newer methods of fighting malaria and also encouraging more research in this class of questions. That is why I have referred to Synthetic Pyrethroids or biocide. Even neem oil is being experimented with. We have some solutions right now in the Short-run. There are others which are being experimented within the long-run. I would not take something like medicated mosquito nets which have been successful in other countries as something which we should ignore... (interruptions)...

MR. CHAIRMAN: How many people can afford it?

SHRI YOGINDRA K. ALAGH: Let us put it this way, Sir. Free drugs and insecticides are provided even now under the National Malaria Eradication Programme by the Central Government. I am using the medicated mosquito net as an experimental idea. I know the Member's concern. These are things on which we need to work more. For giving an emphasis to this programme, as he says, if there is an incidence of a major disease and people are dying, it is important to involve the State Governments. The Government of India will never have that kind of local information which is very important. It will have some information. It can organise a system. But the involvement of the State Governments and the local community is important in itself. However, I share the Member's concern. That is why we have something like the World Bank programme. But as far as major diseases are concerned, I think they need to be given very high priority. As far as these kind of diseases which are hitting the country as a whole are concerned, I think they need to be given a lot of priority in our present phase and in the Ninth Five Year Plan.

श्री विष्णुकान्त शास्त्री: श्रीमान्, मैं आपके माध्यम से माननीय मंत्री जी से यह जानना चाहता हूँ कि जैसा

अभी उन्होंने स्वयं स्वीकार किया कि जो पुरानी दवाइयाँ थीं, वे काम नहीं कर रही हैं। जिस मात्रा में नए अनुसंधान होने चाहिए मुझे शक है कि उस मात्रा में अनुसंधान नहीं हो रहे हैं। हमारी सरकार की एक गलतफहमी यह भी है कि केवल ऐलोपैथी दवाइयाँ ही लाभ करती हैं। मेरी जानकारी है श्रीमान् कि आयुष 64 जो आयुर्वेद की बहुत अच्छी दवा है, उसने मलेरिया के निर्मूलन में बहुत सफलता प्राप्त की है। मैं जानना चाहता हूँ कि क्या सरकार इस बात को जानती है? मैं यह भी जानना चाहता हूँ कि क्या सरकार आयुष 64 या ऐसी ही दूसरी आयुर्वेदिक औषधियों के लिए कोई बड़े पैमाने पर अनुसंधान करा रही है और अगर आयुर्वेदिक औषधियाँ लाभदायक होती हैं तो क्या वह उनका व्यापक प्रयोग करेंगी?

श्री योगेन्द्र कुमार भगताराम अलघ: आयुष 64 पर सरकार काफी अनुसंधान कर रही है। इसके ऊपर सरकार ने क्लिनिकल ट्रायल्स कराए हैं और इसे डिस्ट्रिब्यूट भी कराया गया है। एक उच्च स्तरीय एक्सपर्ट कमेटी इन क्लिनिकल ट्रायल्स को इवैल्यूएट कर रही है। इसी तरीके से नीम तेल पर भी काम हो रहा है और जितनी भी रेमेडीज़ हैं... (व्यवधान)...

श्री विष्णु कान्त शास्त्री: क्या प्राथमिक सूचना है कि आयुष 64 लाभदायक सिद्ध हो रही है?

श्री योगेन्द्र कुमार भगतराम अलघ: प्राथमिक सूचना नहीं है मैं आपको यह बता रहा हूँ कि... (व्यवधान)...

श्री विष्णुकान्त शास्त्री: तो आप अनुसंधान करें।

श्री योगेन्द्र कुमार भगताराम अलघ: अनुसंधान हो चुका है। क्लिनिकल ट्रायल्स फील्ड में हो रहे हैं। सरकार के पैसों से और साधनों से। एक समिति बनाई गई है और आयुष 64 के ट्रायल्स हो रहे हैं लोगों पर एक्सपेरिमेंटल बेसिस पर क्योंकि सरकार की नीति आयुर्वेदिक ड्रग्स के बारे में यह है कि जो हमारी हेरिटेज है, उसको साइंटिफिकली टेस्ट किया जाए। जैसे मैं पहले भी सदन को बता चुका हूँ आयुर्वेदिक ड्रग्स पर रिसर्च प्रोग्राम चल रहे हैं। आयुष 64 भी एक ऐसी ही दवा है जिस पर बहुत सारे क्लिनिकल ट्रायल्स हो चुके हैं। हमारे पास प्रिलिमिनरी रिज़ल्ट्स भी हैं लेकिन उनकी चर्चा मैं नहीं करना चाहता क्योंकि जो वैज्ञानिक समिति सरकार ने बनाई है, उसके द्वारा उसको इवैल्यूएट किया जाएगा पर फिर भी इन ट्रायल्स के होते हुए भी सरकार ने उसको डिस्ट्रिब्यूट किया है।

श्री सतीश अग्रवाल: उसमें तो ऐलोपैथिक डाक्टर ही होंगे?

श्री योगेन्द्र कुमार भगतराम अलघ: अब देखिए, एक चीज़ में आपको बताऊँ। ब्राह्मी के बारे में जो दादी मां ने कहा था कि सिर पर लगाओं तो सिर ठंडा हो जाता है, उस पर सरकार ने करोड़ों रूपए खर्च किए हैं सेंट्रल ड्रग्स रिसर्च इंस्टीट्यूट में और हमने पता किया है कि उसमें एक प्रोटीन है जिसका नाम है बैक्टीसिमाइड और बैक्टीसिमाइड जब ब्रेन में जाता है तो it improves memory. But that drug has been marketed. It has been patented and marketed. It is not fair to say that the Government is hostile. In fact, if I can submit for your consideration, we have major research projects with Dabur, Zandu, etc., on ayurvedic drugs on which crores of rupees are being spent by the Department of Science and Technology. I am sure, the Minister of Science and Technology could give you a clarification, if you ask him.

राष्ट्रीय जनसंख्या नीति का प्रारूप तैयार करने के संबंध में सरकार द्वारा कार्यवाही

\*262. श्री इकबाल सिंह: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि राष्ट्रीय जनसंख्या नीति का प्रारूप तैयार करने हेतु सरकार द्वारा डा० एम०एस० स्वामीनाथन की अध्यक्षता में गठित एक विशेषज्ञ दल ने इसका प्रारूप प्रस्तुत किया था;

(ख) यदि हां, तो तत्संबंधी ब्यौर क्या है; और

(ग) इस संबंध में सरकार द्वारा अब तक क्या आवश्यक कार्यवाही की गई है?

योजना और कार्यक्रम मंत्रालय के राज्य मंत्री तथा विज्ञान और प्रौद्योगिकी मंत्रालय के राज्य मंत्री (श्री योगेन्द्र कुमार भगतराम अलघ): (क) जी हां।

(ख) विशेषज्ञ दल ने 24 मई, 1994 को अपनी रिपोर्ट दे दी थी जिसे 14 जून, 1994 को राज्य सभा के पटल पर रख दिया गया था।

(ग) प्राथमिक प्रारूप पर अन्य मंत्रालयों/राज्यों से प्राप्त टिप्पणियों के आधार पर राष्ट्रीय जनसंख्या नीति पर एक विवरण तैयार किया गया था, जो सदन के पटल पर रखा गया है (देखिए परिशिष्ट 179, अनुपत्र संख्या

37)। कैबिनेट का अनुमोदन प्राप्त करने से पूर्व, संबंधित मंत्रालयों, विभागों को, उनकी अंतिम टिप्पणियों हेतु यह प्रारूप विवरण कैबिनेट के लिए प्रारूप नोट सहित भेजा गया है।

श्री इकबाल सिंह: सभापति महोदय, मंत्री जी ने एक स्टेटमेंट ड्राफ्ट नेशनल पापुलेशन पॉलिसी के बारे में सदन के पटल पर रखा है। इसके लिए मैं मंत्री जी को धन्यवाद देता हूँ। महोदय, संविधान में राज्य के नीति निर्देशक सिद्धांतों वाले आर्टिकल 47 में तथा मौलिक कर्तव्यों वाले आर्टिकल 61 में पापुलेशन को कंट्रोल करने तथा छोटे परिवार के आदर्श को बढ़ावा देने की बात की गई है। मगर हमारे देश की पापुलेशन लगातार बढ़ रही है। महोदय, 1951 में यह 36 करोड़ थी और 1991 में यह 85 करोड़ थी। अगर इसी रेशियो से पापुलेशन लगातार बढ़ती गई तो 2001 में यह 106 करोड़ हो जाएगी। मैं माननीय मंत्री जी से जानना चाहता हूँ कि देश की बढ़ती हुई पापुलेशन को कंट्रोल करने के संबंध में सरकार ने अब तक क्या कारगर कदम उठाए हैं और बढ़ती हुई जनसंख्या की वजह से जो इकॉनॉमिक डेवलपमेंट और दूसरे डेवलपमेंट में फर्क पड़ रहा है, इसके बारे में आपने क्या सोचा है।

SHRI YOGINDRA K. ALAGH: Mr. Chairman, Sir, I share the concern of the hon. Member on the need for implementing an effective family welfare policy. So far as the last five years are concerned, the projection in the Eighth Five year Plan was that we would reach a birth rate of 27 per thousand and a death rate of 9 per thousand. Therefore, we would achieve a population growth rate of 1.71 per cent. In fact, what has happened is this. According to the Sample Registration Scheme, 1995, the birth rate target has not been achieved fully. But it has gone down significantly. In death rate we have achieved our terminal target for the end of this decade, which is 0.9 per cent. We have already achieved it. The population growth rate is around 1.93 per cent rather than 1.71 per cent. But it does not mean that no progress is being made. For example, the level of awareness is very high. The Government is trying to involve local communities in the effective implementation of the programme. The Government is trying to provide many