

The above contractors are holding Refreshment Rooms (Vegetarian and Non-Vegetarian) and Restaurant contracts. M/s P. R. Catering Co. are holding Dining Car Contracts in 59 Up|60Dn Kamrup Express (BG), 155Dn|156Up Tinsukia Mail (BG), 3Up|4Dn Assam Mail, 15 Up|16 Dn Varanasi Express and 5 Up|6Dn (MG) Kamrup Express.

(b) Complaints have been received about some cases of unsatisfactory service.

(c) A constant watch is kept on these services through regular and surprise checks, inspections at different levels. In addition the railways have taken a number of steps like procurement of raw materials and ingredients from standard sources, training of staff, monitoring of the services at certain intervals, etc. A Services Improvement Group (Catering) has also been set up for intensifying the drive for improvement on the railways.

Additional funds for railways

3040. SHRI N. P. CHENGALRAYA NAIDU: Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that the Finance Ministry have not agreed to provide additional funds to the extent of Rs. 240 crores as recommended by the Planning Commission for the Railways; and

(b) if so, what is the actual amount which the Finance Ministry have agreed to release?

THE MINISTER OF RAILWAYS (SHRI A. B. A. GHANI KHAN CHAUDHURI): (a) and (b) The Planning Commission, in consultation with the Ministry of Finance, have made an additional allocation of Rs. 160 crores for plan expenditure of the railways for 1983-84.

The Ministry's Supplementary Demands in respect of this allocation, have already been placed before the Parliament.

Method to check bone cancer

3041. SHRI J. P. GOYAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the scientists in India have developed a method to check the spreading of bone cancer in the country; and

(b) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): (a) and (b) No method has been developed as yet by the Indian Scientists to check the spreading of bone cancer. However, it is known that at the Tata Memorial Centre, Bombay, high dose methotrexate (a drug) is being tried for this purpose. Such experiences in our country are limited due to high costs involved.

Increase in the incidence of Malaria

3042. SHRI CHANDAN K. BAGCHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there has been sudden increase in the incidence of malaria in the country;

(b) if so, what are the reasons therefor; and

(c) what steps have been taken by Government to eradicate this disease completely from the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): (a) and (b) As per the reports received, there has been an overall decrease in the incidence of malaria in the country. As compared with the incidence of malaria of 561537 during 1982 (upto 31-7-82), the incidence during the current year for the corresponding period is 282491.

(c) The following specific steps are being taken to control the incidence of malaria under the Modified Plan of Operation of malaria being implemented from 1-4-1977:

(1) Every village is visited fortnightly by a surveillance worker to detect fever cases, collect blood smears and to give presumptive treatment.

(2) The Laboratories in the Primary Health Centres provide prompt examination of blood smears of fever cases and institution of radical treatment of positive cases.

(3) Drug Distribution Centres and Fever Treatment Depots are functioning in the villages so that the drug could be made available with no loss of time to the fever cases.

(4) Insecticidal spray operations are under-taken in all the rural areas which have incidence of two or more cases per thousand population per year.

(5) Besides, in order to control the spread of *P. falciparum* infection, which causes cerebral malaria, the *P. falciparum* Containment Programme is being implemented in the affected areas of the country with the assistance from the World Health Organisation Swedish International Development Agency.

Rise in Goitre incidence

3043. SHRI SURESH KALMADI:
SHRI KALRAJ MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is a steep rise in goitre incidence in various States as National Goitre Con-

trol Programme launched about 20 years ago could not make much headway; and

(b) if so, what concrete steps Government are taking to tackle this problem?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD-BEN M. JOSHI) (a) Goitre is a non-communicable disease caused by deficiency of iodine in food. It was earlier known to be prevalent in endemic form in the Sub-Himalayan belt from Jammu and Kashmir to Arunachal Pradesh. Recent surveys under the National Goitre Control Programme have disclosed its prevalence also in the Terai regions of Uttar Pradesh and Bihar and in parts of Madhya Pradesh, Gujarat, Maharashtra and the Union Territory of Delhi.

(b) In order to further strengthen the programme, the State Governments have been advised as follows:—

(1) To encourage commercial production of iodized salt both in the public as well as private sector to meet the requirements of iodized salt of their endemic areas.

(2) To set up goitre control units in their State, Health Directorates.

(3) To lift the entire allocated quota of iodized salt.

(4) To strictly enforce the provision of the PFA Act banning the sale of non-iodized salt in the goitre endemic areas.

(5) To set up State level coordination committee on goitre control programme for its effective implementation.

(6) To keep constant monitoring and evaluation of the programme.

Ministry of Railways have also been advised to extend their full co-operation by providing the required number of railway wagons for movement