

Industries. Work on this needs to be carried forward, and action has accordingly been initiated in this regard. In regard to export of high value ethnic Indian foods, Agricultural and Processed Food Products Export Development Authority (APEDA), whose main function is to build links between Indian producers and foreign buyers, is expected to play a significant role in the promotion of export of high value Indian foods tailored to the tastes of Indian buyers abroad. As regards public-private partnership, Government policy will *inter-alia* focus on creation of an environment conducive to public-private partnership in key areas of agriculture infrastructure and agricultural research.

**DR.T. SUBBARAMI REDDY:** Sir, it is a known fact that in the agricultural sector farmers are suffering because of drought, cyclone and low credit policy. Just now, the hon. Minister has replied to the previous question that the present budget is going to give 100 per cent more credit facilities to the farmers than what they were getting before. Sir, in Andhra Pradesh, suicides by farmers are being committed, in spite of taking lot of measures by the State Government. I would like to know from the Minister whether any concrete plan is envisaged by the Central Government? If so, the system and methodology for providing credit to the needy farmers with low interest rates? Is there anything else, the Government is contemplating?

**श्री सभापति:** इसे अभी छोड़िए, इसके लिए कॉलिंग अटेंशन नोटिस आ रहा है, उस समय डिस्कस कर लेंगे।

**श्री राजनाथ सिंह:** सभापति जी, मैंने जो सप्लीमेंटरी पूछा था, माननीय मंत्री जी उसका उत्तर दे दें।

**प्रो० अलका शत्रिय:** सर, मेरी सप्लीमेंटरी अभी बाकी है।

**श्री सभापति:** इस संबंध में जब कॉलिंग अटेंशन पर चर्चा होगी, उस समय पूछ लेना।

*\*68. [The questioner (Shri Harish Rawat) was absent. For answer vide page 38]*

#### **Communicable disease control programmes in Assam**

**\*69. SHRI DWIJENDRA NATH SHARMAH:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

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(a) whether it is a fact that Government's financial allocation for various communicable disease control programmes in the State of Assam is insufficient in the Tenth Plan;

(b) if so, the details thereof and the details of the programmes formulated and being implemented for the last three years alongwith the names of the agencies and the programmes funded, year-wise; and

(c) out of this, how much amount has been actually spent?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) A Statement is laid on the Table of the House.

### ***Statement***

(a) No, Sir. The allocation for various communicable disease control programmes is considered adequate for undertaking all the necessary activities under these programmes in the State of Assam.

(b) and (c) The details of the various communicable disease control programmes implemented during the last three years for the State of Assam are as under:-

#### **National TB Control Programme:**

The Revised National TB Control Programme is under implementation in all the 23 districts of the State of Assam. This is a World Bank assisted project and is being implemented through the State and District TB Control Societies. WHO recommended DOTS strategy is adopted under the revised programme. Diagnostic and treatment facilities including supply of anti TB drugs for full course of treatment are provided free of cost.

#### **National Leprosy Eradication Programme (NLEP):**

The NLEP is under implementation in the State of Assam, although the State has already reached elimination level of less than 1/10,000. This is a World Bank assisted project and is being implemented through the State and District Leprosy Societies. The programme has been integrated with general healthcare services for greater reach

of leprosy services. Under the programme, anti-leprosy drugs (Multi Drug Therapy) are supplied free of cost.

**National Vector Borne Disease Control Programme:**

The National Vector Borne Disease Control Programme is being implemented in Assam as a Centrally sponsored scheme for which 100% Central assistance is given. This includes free supply of anti-malaria medicines and insecticides and cash assistance to the State for meeting the operational cost of programme implementation, material and equipment, training and IEC, etc. The State Government implements the programme.

**National AIDS Control Programme (NACP):**

NACP Phase II has been under implementation in the State of Assam w.e.f. 1999. This has now been extended upto the end of the Tenth Plan. This is a World Bank assisted project and the activities prescribed for combating HIV/AIDS in the State of Assam are implemented through the AIDS Control Society. The Society in turn works through the health department of the State, district authorities and NGO at the field level.

**National Surveillance Programme for Communicable Diseases (NSPCD):**

NSPCD, which was initially started as a pilot in 1997-98, is currently under implementation in 4 districts of Assam, viz. Silchar, Dibrugarh, Dubri and Jorhat. The Programme aims at capacity building for undertaking surveillance activities for communicable diseases at State and district levels through various ways including *inter alia* training of medical and para medical, personnel and upgradation of laboratories. The Integrated Disease Surveillance Programme has now been initiated as a Centrally sponsored scheme where the State of Assam will be covered in Phase III w.e.f. 2006-07.

A list showing funds allocated/released and expenditure incurred under the communicable disease control programmes in Assam during the last three years is enclosed as Statement I.

**Statement*****Details of funds allocated/released and expenditure incurred under Communicable Disease Control Programmes***

Scheme/Programme	(Rs. In lakhs)					
	2001-02		2002-03		2003-04	
	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.*
Malaria	1983.27	2377.47	1626.56	1935.83	2068.28	1403.78#
TB	212.38	195.06	391.77	256.81	411.91	448.95
Leprosy	153.85	156.09	97.48	130.42	93.28	85.57
AIDS	653.80	561.90	614.50	643.77	475.00	226.27 \$
NSPCD	0.70	0.70	24.75	NA	19.25	NA
Total	3004.00	3291.22	2755.06	2966.83	3067.72	2164.57

\* Expenditure figures are provisional

# Grants of Rs. 556.62 lakhs could not be released in view of the unspent balance of Rs. 1036.48 lakh available with the State of Assam.

\$ Upto December, 2003.

**SHRI DWIJENDRA NATH SHARMAH:** Sir, the hon. Minister has given a detailed reply to my question. Sir, there are a lot of death cases because of Malaria, particularly in Assam, bordering Bhutan. Sir, may I know from the hon. Minister whether Government has any information about such death cases? If so, what steps are being taken to control such malarial death cases in lower Assam, bordering Bhutan?

**DR. ANBUMANI RAMDOSS:** Sir, I agree with the hon. Member. But we have not got any facts about the death cases. But for Malaria, in Assam, under the National Vector Control disease programme, we have allocated Rs. 2068 lakhs for the year 2003-04. A number of steps have been taken to prevent Malaria like spraying of insecticides, issuing lot of synthetic pyrethroid, impregnated mosquito nets. This year we have planned to supply one lakh mosquito nets.

**SHRI PRASANTA CHATTERJEE:** Sir, this a very important question. I would like to know from the hon. Minister whether any leprosy eradication programme has been conducted. Unless a door-to-door survey is done it will not be possible to detect the total number of leprosy patients. I would like to know whether the Ministry is taking up this matter with the State Government, with all the municipalities, panchayats and the corporations and through them to the NGOs on this particular matter. Another important

thing that I would like to emphasise is when the patients are cured; they are not allowed to enter the premises. There is a lack of awareness. So, it is very important to take up the awareness programme. Regarding Malaria, I have an important experience. Only supplying of pesticides will not do. Patients are carries.

MR. CHAIRMAN: Please put your question.

SHRI PRASANTA CHATTERJEE: This is my specific question.

MR. CHAIRMAN: He knows the background of the whole thing.

SHRI PRASANTA CHATTERJEE: Whether the blood detection machinery to detect carious in patients failed to detect the same. Unless this disease is eradicated, it will continue. These are my two questions.

DR. ANBUMANI RAMDOSS: Sir, for leprosy eradication, we have the National Leprosy Eradication Programme. In our National Health Policy, 2002, we have said that we are going to eradicate leprosy by 2005. We are going on the right track. And, today, the prevalence of leprosy is 2.44 per ten thousand. And, our target is to bring it down to less than one per thousand. One we achieve the target of less than one per ten thousand, it means, we have reached the goal. So, we are taking steps in that direction...(Interruptions)...

SHRI PRASANTA CHATTERJEE: Whether you have conducted any survey....(Interruptions)...

DR. MURLI MANOHAR JOSHI: Sir, leprosy is not a communicable disease...(Interruptions)...

DR. ANBUMANI RAMDOSS: Leprosy is a communicable disease...(Interruptions)...

MR. CHAIRMAN: Yes. Leprosy is not a communicable disease...(Interruptions)...

DR. (SHRIMATI) NAJMA A. HEPTULLA: Sir, AIDS is a communicable disease...(Interruptions)...

श्री सभापति: नहीं है।

डा० मुरली मनोहर जोशी: नहीं है, सर लेकिन मंत्री जी इसे कम्युनिकेबल डिजीज़ बता रहे हैं। ...(व्यवधान)...

श्री एस० एस० अहलुवालिया: और किसी की बात छोड़िए स्वयं गांधी जी ने कहा है कि यह छूत का रोग नहीं है। ... (व्यवधान)...

श्री सभापति: नहीं है तो इतना क्यों विवाद भड़का रहे हो? ... (व्यवधान)...

श्रीमती सुषमा स्वराज: कुष्ठ रोग छूत की बीमारी नहीं है। ... (व्यवधान)...

श्री सभापति: नहीं है, नहीं है, नहीं है।

SHRIMATI SUSHMA SWARAJ: Sir, leprosy is not a communicable disease... (Interruptions)... What sort of Health Minister he is? ... (Interruptions)...

DR. (SHRIMATI) NAJMA A. HEPTULLA: It is not a communicable disease... (Interruptions)... The hon. Minister should know about it... (Interruptions)...

DR. ANBUMANI RAMDOSS: Sir, leprosy is a communicable disease... (Interruptions)...

श्री सभापति: आप लोग बैठ जाइये। ... (व्यवधान) ... बैठिए। बैठ जाइए। वह तो छूत की बीमारी ... (व्यवधान) ... आप लोग बैठें तो सही। ... (व्यवधान) ... वह तो छूत की बीमारी नहीं है, लेकिन यहां क्वेश्चन में छूत की बीमारी लग जाती है, इनको बोलने दो। ... (व्यवधान) ... नहीं है, नहीं है। ... (व्यवधान)...

श्री एस० अहलुवालिया: मंत्री जी जवाब दें कि नहीं है। ... (व्यवधान) ... वह तो जवाब दे चुके हैं। ... (व्यवधान)...

डा० मुरली मनोहर जोशी: वह तो कह चुके हैं कि छूत की बीमारी है। ... (व्यवधान)...

श्री सभापति: आप बोलने दीजिए। ... (व्यवधान) ... आप मंत्री जी को बोलने दीजिए। ... (व्यवधान) ... देखिए, यूं काम नहीं चलेगा। ... (व्यवधान) ... आप लोग बैठ जाइए, वे जवाब दे रहे हैं। आप बैठ जाइए ... (व्यवधान) ... मंत्री जी, आप बोलिए।

DR. ANBUMANI RAMDOSS: I would like to say that leprosy is a communicable disease... (Interruptions)...

As far as Malaria is concerned... (Interruptions)...

श्री एस० एस० अहलुवालिया: सर, यह क्या हो रहा है। ... (व्यवधान)...

SHRIMATI SUSHMA SWARAJ: Sir, it is not a communicable disease... (Interruptions)...

गांधी जी तो स्वयं अपने हाथ से कोढ़ियों की सेवा करते थे।... (व्यवधान)...

श्री सभापति: आप इन्हें बोलने तो दीजिए। आप बैठिए।... (व्यवधान)...

श्रीमती सुषमा स्वराज: यह क्या हो रहा है, सर।... (व्यवधान)...

श्री अमर सिंह: सर, डॉ॰ कर्ण सिंह यहां मौजूद हैं, ये स्वास्थ्य मंत्री रहे हैं अगर ये कह दें कि कोढ़ छूत की बीमारी है तो मैं मान लूंगा।... (व्यवधान)...

एक माननीय सदस्य: यहां मंत्री जी कह रहे हैं कि छूत की बीमारी है।

श्री एस॰ एस॰ अहलुवालिया: सर यह बड़ी गलत बात है।... (व्यवधान).... कोढ़ छूत की बीमारी नहीं है और मंत्री जी कह रहे हैं कि यह छूत की बीमारी है, यह बड़ी गलत बात है।... (व्यवधान)...

श्रीमती सुषमा स्वराज: नहीं है।... (व्यवधान)...

श्री सभापति: आप बैठ जाइए।... (व्यवधान).... मैं बता रहा हूँ।... (व्यवधान)...

श्री सुरेश पचौरी: सर, ये माननीय सदस्य क्या आपकी अनुमति से बोल रहे हैं।... (व्यवधान)...

श्री एस॰ एस॰ अहलुवालिया: मंत्री जी गलत बयानी कर रहे हैं।... (व्यवधान)...

श्री सभापति: मंत्री महोदय, ... (व्यवधान).... एक मिनट बैठिए।... (व्यवधान).... आप एक मिनट बैठिए। मंत्री महोदय, अब तक जनता में यह इम्प्रेशन है कि यह छूआछूत की बीमारी नहीं है। आप जो कह रहे हैं, कृपया इसको अच्छी तरह से देख लें, इसके कहने के बुरे परिणाम भी निकल सकते हैं।... (व्यवधान)...

श्री सुषमा स्वराज: जी हां।

SHRI V. NARAYANASAMY: Sir, he is the Health Minister. He knows about it... (Interruptions)... Technically, it is a communicable disease ... (Interruptions)...

एक माननीय सदस्य: सर, आपने रूलिंग दे दी है।... (व्यवधान)...

SHRI V. NARAYANASAMY: Let the hon. Minister reply... (Interruptions)... He is a medical practitioner... (Interruptions)...

MR. CHAIRMAN: Mr. Narayanasamy, this house is not meant for you. Mind it... (Interruptions)...

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श्री ललित किशोर चतुर्वेदी: माननीय सभापति महोदय,...

श्री सभापति: आप बैठ जाइए, मैटर इज़ ओवर। श्रीमती जमना देवी बारुपाल।

**Increasing incidents of crime and violence on trains  
and stations**

**\*70. SHRIMATI JAMANA DEVI BARUPAL:†  
DR. T. SUBBARAMI REDDY:**

Will the Minister of RAILWAYS be pleased to state:

(a) whether in the wake of increasing crimes and incidents of violence on trains and stations, the Railway Protection Force will deploy Task Force on every train starting from July 1, 2004;

(b) if so, the concrete steps taken in this regard;

(c) to what extent it will help in checking the violence and robberies in trains;

(d) whether the Supreme Court has held that Railway Ministry is liable to compensate passengers who are robbed and railway administration cannot escape the liability; and

(e) the total number of train robberies which have occurred and passengers compensated after the Supreme Court's judgement?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) to (e) A Statement is laid on the Table of the Sabha.

**Statement**

(a) No, Sir. The Railway Protection Force (RPF) can only supplement the efforts of the Government Railway Police force of the State Governments in controlling the crimes on the trains by providing additional deployment. From July 2, 2004, additional RPF staff have been deployed to escort trains and also at some selected Stations for ensuring security in passenger areas.

(b) 5983 RPF staff have been deployed both to escort 1256 trains and to provide additional protection at 449 station premises from 01.07.2004.

(c) The escorting of trains by RPF will relieve some of the burden on the Government Railway Police (GRP) personnel. The Government Railway Police of the State Governments can now concentrate better on prevention,

†The question was actually asked on the floor of the house by Shrimati Jamana Devi Barupal.