

field level and for evolving new initiatives required for imparting a new thrust and dynamism to the programme.

(b) Based on the deliberations of this meeting, a draft Action Plan has been formulated. The key features of the Draft Action Plan include, (1) evolving a national consensus in support of the Family Welfare Programme and obtaining willing participation of all sections of the society (2) improving the quality and outreach of family Welfare services, (3) special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 2982 census), (4) developing an innovative package of incentives/disincentives for promotion of the small family norm, (5) increasing the coverage of younger age couple through vigorous promotion of spacing methods, (6) introducing new contraceptives and improving the quality of contraceptives, (7) strengthening Family Welfare schemes in urban areas especially in slum pockets, (8) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (9) sustaining the good work done under the Universal Immunization Programme and strengthening of other interventions for Maternal and child Health Care, (10) reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonal communication, (11) involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, (12) gearing up of the implementation machinery in the States/UTs and (13) evolving high level inter-sectoral coordination mechanisms at the National, State and District levels, etc. This Draft Action Plan has now been referred to the States/UTs to give them further opportunity to examine its contents and make suggestions for improvement, keeping in view their own special requirements. It is proposed to finalise the Action Plan over a period of next 2-3 months after a high level

meeting with Health Ministers of States/UTs. It is expected that the Action Plan evolved in this manner would be more practical, realistic and result-oriented and will be able to make a marked impact on the population problem in the country.

#### Hospital in Sahibganj (Bihar)

1995. SHRI SIMON MARANDI: Will the Minister of RAILWAYS be pleased to state:

(a) whether provision had been made in the railway budget during 1989-90 for setting up of a 30 bed railway hospital at Sahibganj in Bihar;

(b) if so, the action taken so far in this regard;

(c) the amount spent so far and the details of the pending jobs yet to be executed; and

(d) the time by which the hospital will start functioning and the total amount estimated to be spent on this scheme?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI MAL-LIKARJUN): (a) No, Sir.

(b) to (d). Do not arise.

#### Superfast train on Bhagalpur-Rampurhat route

1996. SHRI SIMON MARANDI: Will the Minister of RAILWAYS be pleased to state:

(a) whether there is a demand to introduce a superfast train on Ranchi railway line passing through Bhagalpur - Sahibganj - Pakur - Rampurhat being a tribal dominated area;

(b) if so, the time by which this train is likely to be introduced; and

(c) if not, the reasons therefor?

**THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI MAL-LIKARJUN):** (a) Yes, Sir.

(b) At present there is no such proposal.

(c) Operational and resource constraints.

[English]

**Sanitary problem in the country**

1997. **SHRI BHUBANESHWAR PRASAD MEHTA:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the attention of the Government has been drawn to the news-item cautioned "India among dirtiest in world" appearing in the Patriot dated November 11, 1991; and

(b) if so, the facts thereof and the reaction of the Government thereto?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA):** (a) Yes, sir.

(b) It is a fact that sanitary conditions in our cities and towns are not ideal and there is much scope for improvement.

Sanitation is primarily a State subject and it is the responsibility of the State Government/UTs and Urban local bodies to plan and maintain sanitation schemes. However, Central Government also supplement the efforts of the State Governments/UTs.

Under the International Drinking Water Supply and Sanitation Decade Programme from 1981-90, coverage of sanitation in urban

areas till the end of December, 1990 was 45.93% (provisional).

During the 8th Five Year Plan, there is a scheme for the elimination of manual scavenging in the country to the minimum extent possible. This will be achieved by conversion of day latrines/construction of low cost water-seal port flush latrines at the rate of 500 towns per annum, on whole-town basis. The scheme is being operated through HUDCO by providing a mix of central assistance in the form of subsidy and loan from HUDCO to State Governments/UTs.

The Central Government have also circulated a package proposal to the pilot projects for solid waste management over a period of three and on coast sharing basis by the Centre and the State/local bodies in the ratio of 50 : 50.

[Translation]

**Crossing at Markedih and Murkunda**

1998. **SHRI BHUBANESHWAR PRASAD MEHTA:** Will the Minister of RAILWAYS be pleased to state:

(a) whether there is no railway crossing at Markedih between Parsabad and Chobe and at Murkunda between Barkakana and Patratu on Grand Chord line in Hazaribagh district;

(b) whether the Government propose to construct railway crossing at these places for preventing accidents; and

(c) if so, by what time and if not, the reasons therefor?

**THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI MAL-LIKARJUN):** (a) Yes, Sir.

(b) and (c) The Railway can take action