

evolved in consultation with the State Government/Union Territories Administration. One of the suggestions being considered in the said draft Action Plan is the constitution of a Population Commission, details of which are yet to be finalised.

[*Translation*]

### **Rail Accidents**

815. SHRI PANKAJ CHO-  
WDHARY:  
SHRI SIMON MARANDI:  
SHRI HANNAN MOLLAH:  
SHRI DILEEP SINGH BHU-  
RIA:  
SHRI CHANDRESH PATEL:  
PROF. K.V. THOMAS:  
SHRI GEORGE FERNAN-  
DES:  
SHRI RAJNATH SONKAR  
SHASTRI:

Will the Minister of RAILWAYS be pleased to state:

(a) whether there has been substantial increase in rail accidents/derailments since July 1991 till date;

(b) if so, the numbers thereof and the main causes thereof;

(c) the details of the loss of life and property caused by these accidents/derailment during the said period;

(d) the details of compensation paid to the families of deceased and to those injured; and

(e) the steps proposed to be taken to prevent such accidents/derailments in future?

THE MINISTER OF STATE IN THE  
MINISTRY OF RAILWAYS (SHRI MAL-

LIKARJUN): (a) to (c). There has been no increase in train accidents on Indian Railways. There were 186 train accidents during the period July-October 1991 as against 205 during the corresponding period of 1990. The accidents were mainly due to human failure, equipment failure and sabotage. 79 persons (including 58 passengers) lost their lives in these accidents. The cost of damage to railway property has been estimated at Rs.5.90 crores.

(d) No compensation has been paid so far. However, a sum of Rs. 7.51 lakhs has been paid as ex-gratia relief to the next of kin of the deceased and the injured.

(e) Some of the important steps being taken to reduce the accidents are induction of technical devices to aid the human element, intensive and frequent inspections of sensitive installations, monitoring the performance of the staff of critical safety categories such as drivers, guards, station masters, etc., intensive training including psychological checks of staff in operational categories, surprise checks against carriage of inflammable/explosive material in passenger trains, provision of whistle boards/speed breakers and road signs at the approaches of unmanned level crossing and improving visibility for road users and train drivers.

### **Control of Goitre**

816. SHRI PANKAJ CHOWDHARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of persons suffering from goitre in the country; State-wise;

(b) the details of the schemes formulated to control the disease; and

(c) the amount sanctioned for its implementation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA) : (a) A Statement showing the estimated number of persons suffering from goitre in the country on the basis of sample surveys undertaken state-wise, is given in the attached Statement

(b) In order to control the problem of Goitre in the country, the Govt. of India took a decision in 1985 for universal iodisation of entire edible salt in the country by 1992.

1. To make available the iodised salt to the consumers at a rate comparable to non-iodised salt, subsidy is being given to the manufacturers of iodised salt w.e.f. August, 1986.
2. Salt Commissioner, in consultation with Ministry of Railways arranges for the movement of iodised salt from the production centres to the goitre endemic areas on priority basis.

3. In order to ensure use of only iodised salt, all the State/UTs have been advised to issue notification banning the sale of salt other than iodised salt for edible purposes.
4. All the State/UTs are given cash grants to establish Goitre Control Cell.
5. Goitre Cell of the Dte. General of Health Services is undertaking sample/impact surveys in all the State/UTs and is imparting training to the staff.
6. Annual production of iodised salt has been raised from 5 lakh MT in 1985-86 to about 25 lakhs MT in 1990-91.

(c) During 1991-92, a provision of Rs. 200 lakhs has been made for the implementation of the Scheme.

#### STATEMENT

S. No.	State/UTs.	Population estimated to be effected
1	2	3
<i>(Figures in millions)</i>		
1.	Andhra Pradesh	6.88
2.	Arunachal Pradesh	0.22
3.	Assam	2.80
4.	Bihar	6.30
5.	Goa	0.31
6.	Gujarat	5.09
7.	Haryana	0.48

<i>S. No.</i>	<i>State/UTs.</i>	<i>Population estimated to be effected</i>
<i>1</i>	<i>2</i>	<i>3</i>
<i>(Figures in millions)</i>		
8.	Himachal Pradesh	0.51
9.	J & K	1.44
10.	Karnataka	3.19
11.	Kerala	1.28
12.	Madhya Pradesh	9.94
13.	Maharashtra	8.30
14.	Manipur	0.47
15.	Meghalaya	0.08
16.	Mizoram	0.46
17.	Nagaland	0.18
18.	Orissa	1.28
19.	Punjab	1.61
20.	Rajasthan	1.02
21.	Sikkim	0.15
22.	Tamil Nadu	0.96
23.	Tripura	0.46
24.	Uttar Pradesh	16.06
25.	West Bengal	2.46
<i>Union Territories</i>		
1.	Andaman & Nicobar islands	Not surveyed
2.	Chandigarh	0.16

<b>S. No.</b>	<b>State/UTs.</b>	<b>Population estimated to be effected</b>
<b>1</b>	<b>2</b>	<b>3</b>
		<i>(Figures in millions)</i>
3.	Dadar & Nagar Haveli	0.03
4.	Daman & Diu	0.01
5.	Delhi	2.69
6.	Lakshadweep	Not surveyed
7.	Pondicherry	Not surveyed
<b>Total</b>		<b>74-80 million.</b>

#### **Rural Health Services in Bihar**

817. SHRI CHHEDI PASWAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of the on-going programmes under Rural Health Services in Sasaram and Bhabhua districts in Bihar;

(b) the details of the work done in these areas during the last five years, year-wise and the extent to which target has been achieved; and

(c) the amount allocated under the Eighth Five Year Plan for these programmes in the said districts?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA) : (a) and (b). The required information is being collected from the Government of Bihar and will be laid on the Table of the Sabha.

(c) The Eighth Five Year Plan allocations have not yet been finalised.

#### **Implementation of Health Schemes in Bihar**

818. SHRI CHHEDI PASWAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of health schemes implemented for the welfare of Scheduled Castes and Scheduled Tribes in Sasaram and Bhabhua districts of Bihar during each of the last five years against the target fixed;

(b) the expenditure incurred during Seventh Plan Five Year Plan and the targets achieved; and

(c) the provision made during the Eighth Five Year Plan for implementing these schemes and the plan-wise target fixed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D.K. THARA DEVI SIDDHARTHA) : (a) and (b). No separate allocation for schemes for Scheduled Castes and Scheduled Tribes has been made for the districts of Sasaram and Bhabhua. However, allocation under Tribal Sub-Plan