

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 Govern-
ment has been drawn to the news-item
captioned "India among dirtiest in world"
appearing in the Patriot dated November 11,
1991; and

(b) if so, the facts thereof and the reac-
tion 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 Gov-
ernment/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 scav-
enging in the country to the minimum extent
possible. This will be achieved by conver-
sion 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 assis-
tance in the form of subsidy and loan from
HUDCO to State Governments/UTs.

The Central Government have also cir-
culated a package proposal to the pilot proj-
ects 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 Markendih and Murkunda

1998. SHRI BHUBANESHWAR
PRASAD MEHTA: Will the Minister of RAIL-
WAYS 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