

Railways Works Programme subject to availability of funds.

Accidents and Attacks on Railways during October, 1983

1463. SHRI P.M. SAYEED : Will the Minister of RAILWAYS be pleased to state :

(a) whether due to large scale attacks on Railways during the month of October, 1983 many trains were cancelled ;

(b) if so, what were the total number of rail accidents and attacks made on Railways during October, 1983 ;

(c) total loss suffered by the Railways ; and

(d) what steps are being taken to improve the situation ?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI C.K. JAFFER SHARIEF) : (a) No Sir, large number of trains were not cancelled due to attacks on Railways during October, 1983.

(b) During October, 1983 there were 64 rail accidents and 4 incidents of attacks on Railways.

(c) The total loss suffered by the railways due to rail accidents and attacks on railways during October, 1983 is estimated as about Rs. 59 lakhs.

(d) To ensure safety of Rail travellers and rail property, speeds of trains in Punjab have been regulated, patrolling of track and bridges arranged, patrol specials/pilot engines/goods trains run ahead of passenger trains and close liaison maintained with State authorities. In addition following steps have been taken for prevention of accidents :

1. Intensification of inspections.
2. Monitoring at high level of safety efforts.

3. Arousing greater safety consciousness in railwaymen.

Call of WHO to Member States to Accelerate Implementation of Health

1464. DR. PRATAP WAGH :
SHRI CHINTAMANI JENA :

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

(a) whether the World Health Organisation had called the member-States to make the best use of its resources to accelerate implementation of the "Health for All" strategies to achieve the goal by 2000 A.D. ; and

(b) if so, the details of infrastructure worked in this regard in our country ?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI KUMUDBEN M. JOSHI) : (a) and (b). The World Health Organisation has been calling upon its member-States from time to time to take steps for achieving the goal of "Health For All" by 2000 A.D. In order to achieve this goal in India, it is proposed to expand the Primary Health Care facilities in the country with a view to

1. providing on Health Guide and atleast one trained Dai for every village average of about 1000 population by the end of Sixth Plan period ;
2. providing a sub centre with one male and one female Multipurpose Multipurpose Health Worker for every 5000 rural population (for every 3000 population, in tribal and hilly areas) ;
3. providing one Primary Health Centre for every 30,000 rural population (one PHC for every 20,000 population, in tribal and hilly areas) ;
4. providing facilities for treatment in basic specialities at upgraded Primary Health Centres/Community Health Centres to be established in a phased

manner for every one lakh of rural population ; and

5. substantial expansion of maternal and child health services, family welfare programme, immunization services and acceleration of programmes for control, and eradication of blindness, tuberculosis, leprosy, malaria and other communicable diseases.

It is also proposed to secure active community participation in various health programmes so that the people at large are fully involved in tackling their health problems and eventually managing the same with the assistance and guidance from health organisations.

Outcome of Appeal to Supreme Court Regarding Brand name of Drugs

1465. SHRI N.K. SHEJWALKAR : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the outcome of the Government's appeal to the Supreme Court in the brand name case ; and

(b) whether drugs for which brand names have been abolished continue to be marketed under those brand names or under generic names ?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI KUMUDBEN M. JOSHI) : (a) The case has not yet come up for hearing in the Supreme Court.

(b) The judgement of the Delhi Court has resulted in a situation where some firms are marketing formulations containing the banned drugs under brand names while others continue to market them under generic names.

अन्धत्व निवारण हेतु उत्तर प्रदेश सरकार को
केन्द्रीय सरकार की सहायता

1466. श्री हरीश रावत : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि हाल के वर्षों के दौरान उत्तर प्रदेश में अन्धत्व का प्रतिशत बढ़ गया है; और

(ख) यदि हाँ, तो उसके क्या कारण हैं और क्या केन्द्रीय सरकार इस मानवीय समस्या का समाधान करने हेतु व्यापक प्रयास करने की आवश्यकता पर जोर देते हुए राज्य सरकार की सहायता करेगी ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती मोहसिना किदवाई) : (क) और (ख) इस बात का कोई प्रमाण नहीं है कि उत्तर प्रदेश में दृष्टिहीनता का प्रतिशत बढ़ रहा है।

भारत सरकार पहले से ही उत्तर प्रदेश सरकार को राष्ट्रीय दृष्टिहीनता नियंत्रण कार्यक्रम जो कि शतप्रतिशत केन्द्रीय प्रायोजित प्लान योजना है, के अन्तर्गत सहायता दे रही है।

Disarmament body for Asia-Pacific Region

1467. SHRI AMAR ROYPRADHAN : Will the Minister of EXTERNAL AFFAIRS be pleased to state :

(a) whether Government of India propose to form a Disarmament Body for the Asia-Pacific region ; and

(b) if so, what are the details in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI A.A. RAHIM) : (a) No, Sir.

(b) Does not arise.

Central University after Swami Vivekananda

1:68. SHRI CHITTA BASU : Will the Minister of EDUCATION AND CULTURE be pleased to state :