IQBAL SHERVANI): (a) To provide Health for All, a huge rural health network comprising 1,32,285 Sub-centres, 21,802 Primary Health Centres and 2,401 Community Health Centres as on 31-12-1995 has been set up throughout the country to provide comprehensive health care in rural areas. Secondary and tertiary level hospitals provide health care facilities to both urban and rural areas.

Programmes are under implementation to control/eradicate communicable and non-communicable diseases like Malaria, Tuberculosis, Leprosy, Blindness, AIDS, Cancer, etc. Under the Family Welfare Programme, emphasis has been given for Child Survival and Safe Motherhood including Immunization. Steps have been taken for development of Medical and Health Manpower as per needs of the country.

Development of Indian Systems of Medicine and Homoeopathy is being encouraged to widen the network for the delivery of health services to the people. Involvement of NOGs is also being encouraged to provide comprehensive health care to the people.

(b) and (c) A review of the progre achievement of goals set out in sate National Health Policy, 1983, indicates that only some of the goals are likely to be achieved in full by the year 2000 A.D.

However, to augment the resources available for the health sector certain new initiatives have been taken like mobilisation of external assistance for various disease control programmes and strengthening of selected Health systems.

(d) Allocation of Plan funds during 8th Five Year Plan for all States/UTs and Central Sector Health & Family Welfare Programme are given below:—

(c) The external assistance for 9th Five Year Plan has not yet been finalised. However external assistance received during 8th Five Year Plan. i.e. from 1992-93 to 1996-97 for Central Sector Health and Family Welfare Programmes is given below:—

(Rs. in crores)

	1992-93	1993-94	1994-95	1995-96	1996-97
Central Health Sector Family Welfare Sector	77.98 259.00	82.85 331.23	114.45 456.43	216.07 411.65@	370.00* 350.00*

^{*}Expected

In addition the State Health Systems Projects I & II are under implementation with World Bank assistance. The first Project covered the State of Andhra Pradesh at a cost of Rs. 608 crores effective from 1995 for 7 years. The total cost of second projects covering the States of Karnataka, Punjab and West Bengal is Rs. 1669 crores effective from 1996 for 6 years.

Revival Plan of HFC and FCI

*27. SHRI NILOTPAL BASU: SHRI DIPANKAR

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) the revival plan of Hindustan Fertilizer Corporation and Fertilizer Corporation of India;

[@] Provisional

- (b) whether there was a Cabinet approval in principle for revival of the above two companies with investment of Rs. 2200 crores which could yield about 24 lakh tonnes of Urea per year; and
- (c) if so, when was the decision taken and the reasons for not implementing the same?

THE MINISTER OF STATE OF THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI SHEES RAM OLA): (a) to (c) The revival packages for Hindustan Fertilizer Corporation Ltd. (HFC) and Fertilizer Corporation of India Ltd. (FCI) approved in principle by the Government in April 1995 envisaged the limited revamp of the Barauni, Durgapur and Namrup units of HFC; and the Sindri, Ramagundam and Talcher units of FCI at a fresh investment of Rs. 2201.13 crore (Rs. 464.93 crore for HFC and Rs. 1736.20 crore for FCI), apart from capital restructuring and other financial reliefs to these undertakings, The funding arrangement for these packages could not be tied up.

With a view to minimising the requirement of budgetary support, it has been decided to reformulate the revival packages from the standpoint of the Financial Institutions. The final revival packages would also require the approval of the Board for Industrial & Financial Reconstruction (BIFR), which is a quesijudicial authority. On implementation of the revival packages, these companies would be able to sustain a production capacity of 23 lakh MT of urea per annum.

The revamp of the Haldia Project of HFC and the Gorakhpur unit of FCI has be technonot been found to economically feasible. Their rehabilitation would require setting up of new plants involving fresh investments of Rs. 910 erore and 810 erore, respectively (1994 prices). In view of the constraints of resources, it has been decided to consider the option of attracting private capital for their rehabilitation.

असम समझौते को लागू किया जाना

*28. श्री गोविन्दराम मिरी: श्री पराग चालिहाः

क्या गृह मंत्री यह बताने की कृपा करेंगे किः

- (क) वर्ष 1985 के असम समझौते के प्रति सरकार का क्या रवैया है:
- (ख) क्या सरकार इसे चरणबद्ध/समयबद्ध रूप में लागू करने का विचार रखती है; और
- (ग) यदि हां, तो समझौते को लागू करने के लिए यदि कोई कार्य योजना हो तो उसका ब्यौरा क्या है?

गृह मंत्री (श्री इंद्रजीत गुप्त): (क) से (ग) भारत सरकार असम समझौते, 1985, को कार्यान्वित करने के लिए पूर्णतः वचनबद्ध है। इस समझौते की मुख्य विशेषताएं हैं——25 मार्च 1971 को या उसके बाद असम में आए विदेशियों का पता लगाना और उन्हें बाहर निकालना तथा इस प्रयोजनार्थ सरकारी तंत्र को सुदृढ़ करना, असम का तेजी से सम्पूर्ण आर्थिक विकास करने हेतु सरकार की वचनबद्धता, असम के लोगों की सांस्कृतिक, सामाजिक और भाषाई पहचान की सुरक्षा, संरक्षण और उसे बढ़ावा देने के लिए पर्याप्त सुरक्षा उपाय उपलब्ध कराना, सीमा पर बाड़ लगाना और सीमा सड़कें बनाना तथा सामान्य स्थित की बहाली के लिए कदम उटाना।

इस संबंध में विभिन्न उपाय किए गए हैं। इनमें अन्य बातों के साथ-साथ निम्नलिखित शामिल हैं:—

- 1 नागरिकता अधिनियम, 1955, नागरिक नियम, 1956 और विदेशी (न्यायाधिकरण) आदेश, 1964 में संशोधन किया गया।
- 2.1966—71 की धारा के विदेशी नागरिकों की पहचान करने के लिए असम में विदेशी (न्यायाधिकरण) आंदेश, 1964 के तहत ग्यारह न्यायाधिकरण कार्यरत हैं।
 - 3. विशेष पंजीकरण अधिकारियों की नियुक्ति की गई है। विदेशियों की घुसपैठ की रोकथाम करने की योजना के तहत 1280 अतिरिक्त पद सृजित करने के लिए स्वीकृति भी प्रदान की गई थी।
- 4.अवैध प्रवासी (न्यायाधिकरण द्वारा निर्धारण) अधिनियम, 1983 के तहत असम में सेलह न्यायाधिकरण कार्यरत हैं।