

to undertake TB case finding and treatment activities in collaboration with all the medical and health institutions located in the district to make these facilities available nearest to the homes of the suffering population. BCG vaccination as a part of the expanded programme of immunisation is given to the new borns and infants. Anti TB drugs are made available for treatment of TB patients to all the district TB Centres under Plan Scheme in accordance with the approved pattern. The State Governments etc. are also providing the drugs at their institutions for treatments of TB patients. About 45000 TB beds are available in the country for treatment of seriously ill TB patients.

4. The National Programme for Control of Blindness envisages provision of eye care services through mobile units, the establishment of upgraded ophthalmology Departments in Medical Colleges, development of District Hospitals in respect of Ophthalmic Wing, well equipped Primary Health Centres, Regional Ophthalmic Institutes and Ophthalmic Assistants Training Schools for training of Ophthalmic assistants.

A scheme to prevent blindness caused by Vitamin 'A' deficiency among children through oral administration of massive dose of vitamin 'A', is also in operation. This scheme is being implemented in all States/UTs.

Fair price shops in resettlement colonies

190. SHRI VISHWA BANDHU GUPTA: Will the Minister of FOOD AND CIVIL SUPPLIES be pleased to state what steps Government are contemplating to improve the distribution system through the fair price shops in resettlement colonies and in rural areas of Delhi?

THE DEPUTY MINISTER IN THE DEPARTMENT OF ELECTRONICS AND IN THE MINISTRY OF FOOD AND CIVIL SUPPLIES (SHRI M. S. SANJEEVI RAO): According to Delhi Administration, there is no separate policy for supply of specified food articles in

rural and urban areas in the Union Territory of Delhi. For improving the Public Distribution System in Delhi, Delhi Administration have already taken a number of steps, including arrangement for availability of all food articles to consumers on one and the same day, regular checking of lifting of stocks by the fair price shop owners, surprise visits by the senior officers etc.

Recently, Delhi Administration have introduced a new system of transportation of specified food articles from the F.C.I. godowns to the door steps of their price shops in a few circles on an experimental basis in order to make the supply of essential commodities in a regular and smooth manner.

Family Welfare Programme on Voluntary Basis

191. SHRI VISHWA BANDHU GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are contemplating to take steps to augment the family planning programme on a voluntary basis under the 20-Point programme;

(b) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): (a) and (b). A statement showing the steps being taken by Government to promote family welfare on a voluntary basis is annexed.

The following steps are being taken to achieve the objectives of the Family Welfare Programme :—

1.(1) Adoption of "Small family norm" is being continued to be promoted entirely on a voluntary basis.

(2) Intensified efforts are being made to spread awareness and information about small family concept by effective and imaginative use of multi-

media and inter-personal communication strategies.

(3) Each couple has the option to choose the method most suitable to it.

(4) Services and supplies are being provided as close to the door steps of the acceptors as possible.

(5) The programme is designed to continue to be an integral part of health care and socio-economic development efforts.

(6) Facilities and efforts for rapid increase in female literacy are being intensified and expanded.

(7) Population education is being extended to youth in schools and colleges as well as those out of school. It will also be introduced in all workers' education and training programme conducted by Government departments/agencies and by the organised sector.

(8) Elected Representatives of the people at all levels grass-root level, village organisations, voluntary organisations etc. are being closely assisted and provided encouragement and support.

(9) Linkages with other concerned Ministries and Departments have been strengthened.

(10) Effective observance of the law relating to minimum age for marriage for girls and boys is pursued.

(11) Maintenance of records of all marriages at the village or community level is being pursued.

(12) In respect of States lagging behind in performance area specific approach is being followed.

(13) Under the "Village Health Guide Scheme" which has now been made a fully Centrally Funded Scheme, the Health Guides (who will prominently be women) are responsible for spreading knowledge and information to each individual household and to provide at peoples door-steps supplies for non-clinical methods.

2. The Government has also set up a Population Advisory Council consisting

of Members of Parliament and eminent persons from fields relevant to population control as members to analyse the implementation of the family welfare programme and also initiate and suggest new ideas and strategies with a view to improving the performance of the Programme and achieving the demographic goals.

3. In order to further accelerate the pace of the Programme, Government has taken a number of important decisions. There are mainly :

(1) Monetary rewards in the form of community assets will be given to recognised and identifiable groups actively engaged in the implementation of the Family Welfare Programme.

(2) Cash awards are being given to the best performing States. The prize money is to be utilised for the promotion of the Family Welfare Programme.

(3) Innovative publicity in selected areas on campaign basis is being organised. This will be suitably dovetailed with services and supplies.

(4) With a view to revamping the organisation and service delivery outreach system for Family Planning and MCH, health posts consisting of nurse midwives and health workers are being established in urban slums and congested areas.

(5) States have been requested to introduce a scheme of issue of Green Cards to individual acceptors of terminal methods after two children as a mark of recognition and priority attention. This card will enable the acceptors to be accorded preferential treatment in schemes where such preferential treatment is feasible.

(6) States have been requested to give to acceptors of sterilisation, 5 State lottery tickets for the next draw.

(7) Compensation money payable to individual acceptors of sterilisation has been increased by Rs. 30 raising it from the present level of Rs. 70 to Rs. 100.

(8) The amount payable to the acceptors of JUDs has been increased from Rs. 6 to Rs. 9.

26 अप्रैल, 1984 को पूछे जाने वाले प्रश्न का उत्तर

खसरे रोग पर नियंत्रण पाने के लिए उपाय

192. श्री प्यारेलाल खंडेलवाल :

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि देश के अनेक भागों में खसरे का प्रकोप बढ़ रहा है ;

(ख) क्या सरकार को इस बात की जानकारी है कि मध्य प्रदेश के कुछ जिलों में खसरे की बीमारी से सैकड़ों बच्चों की मृत्यु हो गई है; और

(ग) इस बीमारी की रोकथाम के लिए सरकार क्या उपाय कर रही है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती मोहसिना किदवाई) :

(क) राज्य स्वास्थ्य प्राधिकारियों केन्द्रीय स्वास्थ्य सूचना ब्यूरो को खसरे के रोगियों की जो संख्या बताई है वह इस प्रकार है :—

वर्ष	रोगियों की संख्या
1978 .	1,72,177
1979 .	1,43,358
1980 .	1,24,031
1981 .	1,95,873
1982 .	1,45,378
1983 .	86,483*

*आंकड़े अनन्तिम हैं ।

(ख) मध्य प्रदेश के 29 जिलों में खसरे से 112 बच्चों की मृत्यु हुई बताई गई हैं ।

खसरे की वैक्सीन खास-खास मेडिकल कालेजों के जरिए राज्य स्वास्थ्य अधिकारियों को उनके अनुरोध पर उन क्षेत्रों के लिए सप्लाई की जाती है जहां पर खसरा एक जन स्वास्थ्य समस्या है ।

दक्षिण मध्य रेलवे के हुबली मण्डल के सहायक खलासी

193. श्री दिनकरराव गोविन्दराव पाटिल :
क्या रेल मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि दक्षिण मध्य रेलवे के हुबली मंडल के मिरज, बेलगाम, कोल्हापुर और घोरपुरी के सहायक खलासी-हैल्परों अर्थात् श्रेणी-4 के अकुशल कर्मकारों को उनकी बरिष्ठता के आधार पर पदोन्नतियां और ग्रेड नहीं दिए जा रहे हैं; और

(ख) यदि हां, तो सरकार इस सम्बन्ध में क्या कदम उठाने का विचार रखती है ?

रेल मंत्रालय में राज्य मंत्री (श्री सी० के० जाफर शरीफ) : (क) और (ख) सूचना एकत्र की जा रही है और वह सभा पटल पर रख दी जायेगी ।

Surplus Capacity in Perambur Railway Workshops

194. SHRI M. KALYANASUNDARAM: Will the Minister of RAILWAYS be pleased to state:

(a) what is the programme for the full utilisation of the surplus capacity in Perambur Railway workshop created due to abolition of maintenance and repairs of steam locos; and