

network and environmental sampling of wild viruses in the context of polio eradication was also discussed.

## 2. Measles

It was noted that measles remains a major cause of childhood mortality, although immunization coverage levels have increased worldwide. Children living in poor urban environment were a high risk group and needed special attention. Other high-risk groups were children in low coverage areas, hospitalized children and refugee camps. Case fatality rates could be reduced by early treatment of post-measles complications.

Studies on strategies using a two dose measles schedule to cover older children in many industrialised countries was presented. It was noted, however, that further research was needed to evaluate the optimum strategy in a given epidemiological situation.

The Conference took note of the safety of measles vaccine. Eradication of measles was recognised a possibility, although note was taken of the immense problems associated with this goal.

### Drop-outs among Tribal Students

945. SHRIBHAGEYGOBARDHAN: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) the reasons for continuing high rate of drop-outs of tribal students at primary and secondary school levels vis-a-vis others;

(b) The measures taken by the Government to reduce the rate of drop-outs; and

(c) the results thereof?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN

SINGH): (a) Drop-out rates can be traced to socio-economic factors such as:

- Children being required to work to supplement the family income or otherwise assist their parents;
- Girls having to attend house hold chores and looking after the siblings;
- Schools having inadequate facilities and insufficient instructional material;
- Reluctance of parents to send their wards to schools.

(b) Some of the measures taken to reduce drop-out rates are:

- Provision of incentives such as scholarships, uniforms, textbooks, attendance scholarships to girls, provision of mid-day meals, hostel facilities, etc.;
- Improvement of facilities in primary schools under the scheme of Operation Blackboard;
- Programmes of non-formal education for those who cannot attend whole day schools;
- Opening of new schools in SC/ST localities.

(c) As a result of these measures their drop-out rate is gradually declining.

### Incentive for Family Planning Programmes

946. SHRI R. SURENDER REDDY:  
SHRI G. M.C. BALAYOGI:

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

(a) whether the Government have announced any measures and incentives to implement the family planning programmes more vigorously and effectively;

(b) if so, the details of incentives being provided to States to achieve greater success in the family welfare programme; and

(c) the names of states which are more advanced in this direction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) and (b). (i) A result-oriented and purposive Action Plan has been evolved in consultation with the State Governments and Union Territories Administration to impart a new thrust and dynamism to the Family Welfare Programme, and is being operationalised.

(ii) A committee of the National Development Council (NDC) comprising Chief Ministers of Kerala, Rajasthan and Tamil Nadu, Union Minister of Health and Family Welfare Union Minister of State in the Ministry of Personnel, Public Grievances and Pensions, Dr. Farooq Abdullah, Ex-Chief Minister of Jammu & Kashmir and Proff. J.S. Bajaj, Member, Planning Commission, has been constituted to go into the various aspects of the Population Control Programmes and make appropriate recommendations for working out effective population control policies and strategies. A copy of the requisite order is enclosed as statement-I.

(iii) The National Development Council has also approved the new formula for the distribution of Central Assistance to non-special category States. As per the revised formula, 7.5 % of Central Assistance will be distributed on the basis of performance under different sectors; including population control.

(iv) No other new incentives to State/UTs to achieve greater success in the Family Welfare Programme, have so far been finalised.

(c) A list of good performing States in terms of Birth Rates (States with Birth Rates lower than the All India Average) is enclosed Statement-II.

#### STATEMENT-I

F. No. 4(7)/91-H & FW  
Government of India  
Planning Commission

Yojana Bhawan  
Sansad Marg,  
New Delhi.

Dated 19th Feb., 1992.

#### ORDER

Subject: Setting up of Committee of the National Development Council (NDC) on Population.

The National Development Council (NDC) in its meeting held on 23rd and 24th December, 1991 has decided to set up a Committee of the National Development Council on Population.

2. A Committee of the NDC on Population is, accordingly, constituted as under:-

1. Shri K. Karunakaran, C.M. Kerala—Chairman
2. Smt. Margaret Alva, Minister of State in the Ministry of Personnel, Public Grievances and Pensions—Member
3. Dr. Farooq Abdullah—Ex-C.M., Jammu & Kashmir—Member

4. Shri Bhairon Singh Shekhawat, C.M., Rajasthan—Member
5. Dr. J. Jayalalitha, C.M., Tamil Nadu — Member
6. Shri M.L. Fotedar, Minister of Health and Family Welfare —Member
7. Prof. J.S. Bajaj, Member, Planning Commission—Member—Secretary.

3. The terms of reference of the Committee will be as follows:

1. To review the social and demographic dimensions, existing and requisite infrastructure at the community level, and the needs of technology development, relevant to the formulation of National Population Policy:
  - ii. To identify intervention strategies for population control, both at the macro and micro levels, on a holistic and intersectoral basis;
  - iii. To suggest mechanism for securing commitment and support of leadership of all denominations, and at all levels, for the National population policy and the implementation of population control programmes;
  - iv. To recommend ways and means of achieving participation of the people, particularly women and youth, and through people's institutions such as NGs as, Voluntary organisations, professional organisations, of all categories of health care providers, trade and industry labour, organised and cooperative sector and media, etc.

v. To outline policies and programmes for raising the social status of women, bridging the gender gap in literacy and health care, and promotion of health and welfare of the mother and the child, as essential inputs into population welfare programme;

vi. To review and recommend appropriate changes in system of financing family welfare programme;

vii. Taking into cognizance the above recommendations, to suggest appropriate formulations for a National population policy;

viii. To identify and recommend suitable mechanism (s) for a continuous review and monitoring of the implementation of National Population Policy and the intervention strategies, recommended therein; and

ix. To make any other recommendations that may be appropriate either for the formulation of National Population Policy or for the implementation of population control programmes.

4. The Committee is authorised to specially invite any other persons, Official or Non-Official, to participate in the deliberations.

5. The Committee will submit its report within four months for consideration by the National Development Council.

6. Officials will be entitled to TA/DA from their own establishments. Non-Officials will be paid TA/DA by the Planning Commission.

7. The Committee will be assisted by Dr.

I.C. Tiwari, Adviser (Health), Planning Commission in day-to-day work.

Sd/-

(N.K. Malhotra)

Dy. Secretary to the Govt. of India.

Chairman and Members of the Committee

Copy to:

All Members of the NDC  
Members, Planning Commission  
Cabinet Secretary

Principal Secretary to P.M.  
Secretary to the President of India  
Secretary to the Vice President of India  
All Secretaries to the Govt. of India  
All Chief Secretaries of State Govts./ Uts.  
PS to Prime Minister.  
Standard Distribution in Planning Commission.

sd/-

(N.K. Malhotra)

Dy. Secretary to the Govt. of India.

#### STATEMENT-II

*List of Best performing States adjudged on the basis of SRS (Provisional) estimates Birth Rate for the year 1990*

<i>Sl. No.</i>	<i>States</i>	<i>Birth Rate (1000)*</i>
1.	Goa	15.5
2.	Nagaland	16.2
3.	Kerala	19.0
4.	Manipur	21.0
5.	Tamil Nadu	22.4
6.	Tripura	24.7
7.	Andhra Pradesh	25.6
8.	Sikkim	26.4
9.	Himachal Pradesh	27.0
10.	West Bengal	27.3
11.	Maharashtra	27.5
12.	Assam	27.5
13.	Punjab	27.6
14.	Karnataka	27.8
	<b>All India</b>	<b>29.9</b>

\* Figures provisional