

tion furnished by the University of Delhi, all students securing 55% or more marks in LLB examination are eligible to appear in the entrance test conducted by the University for admission to LL.M. The University has further informed that 193 students appeared in the LL.M. entrance test this year. In response to the demand for increase in seats, the university has increased the intake capacity of the LL.M. course from 50 to 65 seats in the current academic session.

Status of Hindi in Non-Hindi Speaking States

2584. SHRI ANADI CHARAN DAS: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether Hindi is taught as compulsory or optional subject at secondary level in non-hindi speaking States, particularly in Orissa;

(b) whether it is according to National Policy on Education; and

(c) if not, the reasons therefor?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH): (a) In the States of Andhra Pradesh, Arunachal Pradesh, Goa, Gujarat, Kerala, Maharashtra, Mizoram, Orissa, Punjab and Sikkim, Hindi is being taught as a compulsory subject at the Secondary stage. However, in the States of Assam Jammu & Kashmir, Karnataka, Manipur, Nagaland, Tamil Nadu, Tripura and West Bengal, Hindi is being offered as an optional subject at the Secondary stage.

(b) The National Policy on Education, 1986 endorsed the stipulations of the National Policy on Education 1968, which envisaged that at the Secondary stage, the State Governments should adopt and vigorously implement the Three Language For-

mula. In respect of non-Hindi speaking States, the Formula provides for study of Hindi along with the regional language and English. As such, the Formula provides for compulsory study of Hindi, regional language and English at the Secondary stage in non-Hindi speaking States. However, in the eight non-Hindi speaking States as mentioned in reply to part (a) of the question, Hindi is being offered as an optional subject at the secondary stage.

(c) School education is primarily looked after and managed by the State Governments. The State Governments and State Boards of Secondary Education are responsible for prescribing curriculum, syllabi and textbooks for all subjects, including the languages at the school stage.

[*Translation*]

Expenditure on Family Welfare Programme in Madhya Pradesh

2585. KUMARI VIMLA VERMA:
SHRI SUSHIL CHANDRA
VERMA:

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

(a) the extent of fall in 'population growth rate' registered in Madhya Pradesh so far;

(b) the expenditure incurred by the Union Government and Government of Madhya Pradesh on the implementation of Family Welfare programme during the last three years and the results achieved therefrom;

(c) whether the results achieved were not satisfactory in terms of targets;

(d) if so, the reasons therefor; and

(e) the steps being taken by the Government to achieve satisfactory results?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI MATI D.K. THARA DEVI SIDDHARTHA): (a) Based on the Censuses, the decadal growth rates of population for Madhya Pradesh during 1951-61, 1961-71, 1971-81 and 1981-91 were respectively 24.17%, 28.67%, 25.27% and 26.75%.

(b) and (c). The amount of assistance given by the Government of India (both Cash and Kind) to the State of Madhya Pradesh and the expenditure incurred by that State for the implementation of Family Welfare Programme during the last three years viz. 1988-89, 1989-90 and 1990-91 is given in the attached Statement-I. A statement giving method-wise targets fixed and achievements made under various activities of the Family Welfare Programme in the last three years is given in the attached Statement - II.

(d) and (e). In order to curb the high population growth, it is considered imperative to undertake new initiatives; In this context, all aspects of implementation of the

Family Welfare Programme are being looked into. This involves gearing up the entire implementation machinery in close consultation with State/UT governments, greater emphasis on Maternal and Child Health Care Programmes, improvement in the quality of services, better arrangements for supply and distribution of contraceptives at the doorsteps of acceptors, increased coverage of younger couples with high fertility potential under spacing methods of contraception, institutionalisation of mechanisms for inter-sectoral coordination, initiatives to seek involvement of non-governmental organisations in supplementing and complementing Government efforts in the delivery of Family Welfare services and generation of demand for these services. Area Development Projects with the assistance from the external funding agencies have been taken up in the State of Madhya Pradesh, to augment Health and Family Welfare infrastructure and training. An innovative, Information, Education and Communication Project is being implemented in a phased manner to improve the Family Welfare Programme in selected districts.

STATEMENT-I

Year	(Rs. in lakhs)	
	Assistance by Union Government (Cash and Kind)	Expenditure incurred by State Government (Cash and Kind)
	2	3
1988-89	3658.44	4225.51*
1989-90	4623.44	5200.74*
1990-91	4797.84	5660.98*

*The figures are provisional subject to reconciliation with figures of audited statement of expenditure.

STATEMENT-II

Targets and achievements made under the Family Welfare Programme in Madhya Pradesh During 1988-89, 1989-90 & 1990-91

Family Planning Methods/MCh	1988-89			1989-90			1990-91			
	Target	Achvt.	%Achvt.	Target	Achvt.	%Achvt.	Target	Achvt.	%Achvt.	
Programme	1	2	3	4	5	6	7	8	9	10
I. Family Planning Methods										
1. Sterilisations		400000	273584	68.4	350000	237386	67.8	350000	284815	81.4
2. I.U.D. Insertions		251000	306712	122.0	300000	334171	111.4	370000	357600	96.6
3. C.C. Users		961000	1002491	104.3	1150000	1230744	107.0	1100000	1317060	119.7
4. O.P. Users		132000	191491	145.1	200000	222042	111.0	220000	257054	116.8
II. MCH programme										
A. Immunisation										
1. Tetanus Immunisations for expectant mothers		1771000	1353872	76.4	2176400	1411550	64.9	2159960	1633272	75.6

<i>Family Planning Methods/MCh</i>	1988-89			1989-90			1990-91		
	Target	Achvt.	%Achvt.	Target	Achvt.	%Achvt.	Target	Achvt.	%Achvt.
	1	2	3	4	5	6	7	8	9
2. DPT Immunisation for children	1460000	1498619	102.6	1626800	1674122	102.9	1835420	1754242	95.6
3. Polio	1460000	1390337	95.2	1626800	165093	101.7	1835420	1783970	97.2
4. B.C.G.	1460000	1568299	107.4	1626800	1867376	114.8	1835420	1956128	106.6
5. Measles	1068000	1151262	107.8	1626800	1480284	91.0	1835420	1752339	95.5
6. DT Immunisation for children	1656000	1174474	70.9	1600000	1345966	84.1	1350535	1143600	84.7
7. T.T. (10 years)	820000	653254	79.7	1546000	927337	60.0	1242492	977912	78.7
8. T.T. (16 years)	313000	370013	118.2	1475400	619041	42.0	1188471	721740	60.7
<i>B. Prophylaxis against Nutritional anaemia among</i>									
1. Total Women	1051000	1344995	128.0	1051000	1476627	140.5	1728000	1601555	92.7

Family Planning Methods/MCh	1988-89		1989-90			1990-91			
	Target	Achvt.	%Achvt.	Target	Achvt.	%Achvt.	Target	Achvt.	%Achvt.
1	2	3	4	5	6	7	8	9	10
2. Children	2200000	1597046	72.6	2200000	2076222	94.4	2733300	1845395	67.5
C. Prophylaxis against blindness due to Vit-'A' deficiency	2200000	4707896 (doses)	107.0	2200000	4490026 (doses)	102.0	2472700	4058166 (doses)	82.1

Achvt. :—Achievement
\$ figures are provisional