

quires a strong political direction for increased investments in children more efficient application of resources, decentralized delivery mechanisms, use of available low-cost technological and organizational options, including the informal sectors. The response of governments to reduced resources on account of adverse economic factors should take into account its social impact on children, particularly from low income groups, in order to ensure that services for them do not fall below the essential level.

7. *Social Communication*

A favourable climate for the development of the child should be created by disseminating information related to the survival, development and protection of children, meaningfully, widely and rapidly. Community resources and community organizations in the region should be used more effectively, and strengthened, in both the traditional and modern sectors.

8. *Food Security*

Member countries should coordinate their food and agricultural policies to ensure access to adequate food for all people in the region.

9. *Cooperation for Self-reliance*

Member countries should initiate measures towards regional self-reliance in child-related areas like production of essential drugs and vaccines, sharing of technology and experience and collaborative research.

10. *Rights of the Child*

The SAARC member countries should provide for an early conclusion of the Convention on the Rights of the Child at the UN Human Rights Commission.

11. *Collaboration for Peace*

Successful action for children can be achieved only in an environment of peace in the region. Member governments should promote mutual understanding, reduce spending on armament and increase in-

vestment in child development.

B. Besides, a number of other recommendations were made in the fields of (a) Enriching the Mother-Child Life-Cycle (related to the female child, the adolescent girl, conception to birth, infancy, early childhood, primary school age); (b) Improving the Environment (related to physical environment, social environment).

Malaria and Filariasis Eradication Programme

1517. SHRI M. VINCENT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether the present set up of Malaria and Filariasis Eradication programmes and procedures is functioning satisfactorily; and

(b) if not, whether Government propose to set up any other agency for the above purpose?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTER OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) Does not arise.

Last Hour Rush to Seoul Asian Games

1518. SHRI M. VINCENT: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether there was a last hour rush to Seoul Asian Games by people who were not scheduled to comprise the group at Government expenses;

(b) what was the total funds spent on the participants and non-participants; and

(c) whether the amount so spent on non-participants is proportional to the amount spent on participants and the number of entry made by the sportsmen?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE

MINISTRY OF HUMAN RESOURCES DEVELOPMENT (SHRIMATI MARGARET ALVA). (a) No, sir. The Indian contingent including sportspersons cleared at 'no cost to Government' basis, reached Seoul well in time for participation in X Asian Games.

(b) and (c) A grant amounting to Rs. 34 lakhs has so far been released to the Indian Olympic Association in the context of India's participation in X Asian Games. The total expenditure incurred on sportspersons and sports officials will be known only after bills from various agencies concerned and accounts from Indian Olympic Association have been received and verified. However, the proportion of officials in the Indian contingent was comparable with that of contingents from other countries.

Expanded programme on immunization

इंदौर और दोहद के बीच रेल लाइन

1519. श्री राधाकिशन मालवीय : क्या रेल मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या इन्दौर और दोहद के बीच बड़ी रेल लाइन के निर्माण के संबंध में कोई सर्वेक्षण किया गया है ;

(ख) यदि हां, तो क्या सर्वेक्षण रिपोर्ट प्राप्त हो गई है ; और

(ग) इस नई रेल लाइन का निर्माण कार्य कब तक प्रारम्भ होने की संभावना है ?

रेल मंत्रालय में राज्य मंत्री (श्री माधवराव सिधिया) : (क) और (ख) जी हां ।

(ग) यह प्रस्ताव योजना आयोग को विचारार्थ भेजा गया है ।

152fr. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the percentage of children immunised annually as against the target since the inception of the expanded programme on immunization;

(b) what is the achievements in the immunization programme as compared to the percentage of annual immunization coverage of infants in other developing countries; and ...]

(c) what is the percentage by which the infant mortality rate in the country has been reduced with the immunization programme and the States which have shown unsatisfactory performance in the implementation of the programme?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Relevant information are shown in Annexure (See Appendix CXL, Annexure No. 63)

(b) The achievement in terms of percentage coverage for the neighbouring countries, as published by UNICEF, is at Annexure [See Appendix CXL, Annexure No. 64].

(c) There are no estimates of reduction of infant mortality attributable to immunization programme alone. However, infant mortality had shown a decline from 130 in 1977 to 104 in 1984 which might be due to accessibility of basic health care services, which includes immunization against vaccine preventable diseases, Prophylaxis against Nutritional anaemia and, Oral rehydration therapy against childhood diarrhoea etc. Performance of States vary from vaccine to vaccine. By and large, States like Jammu and Kashmir, Tamil Nadu, West Bengal, Rajasthan, Assam, Nagaland and Manipur have not done well in respect of immunisation of infants and/or pregnant women during 1985-86.