

Name of the Hospital	B.E. (Rs. in crores)
Safdarjung Hospital, New Delhi	273.60
Dr. Ram Manohar Lohia Hospital, New Delhi	213.69
Lady Hardinge Medical College (LHMC) & its Associated Hospitals, New Delhi	216.26
AIIMS, New Delhi.	800.00
PGIMER, Chandigarh	310.00
JIPMER, Puducherry	252.00
NEIGRIHMS, Shillong	67.85
RIMS, Imphal	80.50

(b) There is no such proposal at present.

(c) No.

(d) Does not arise.

Proper implementation of immunization programmes

183. SHRIMATI SHOBHANA BHARTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether immunization programmes targeted at reducing child mortality are not being properly implemented in several parts of the country;

(b) if so, the details thereof;

(c) whether Government has formulated any policy or plans to ensure the proper implementation of these programmes; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Immunization programmes are being implemented with different degree of success in different states. State-wise figures for full immunization coverage as per DLHS-III (2007-08) are given in Statement (See below).

Reasons for low performance in some of the states are weak health infrastructure, shortage of human resources, lack of proper monitoring & supervision etc.

(c) and (d) Yes. Government of India centrally procures and supplies vaccines and cold chain equipments for immunization programme to the states/UTs as per their requirements. In addition, the states are provided support to improve efficiency in service delivery through following interventions:

- Mobility Support to strengthen supportive supervision.
- Support for alternate vaccine delivery from the last cold chain point at PHC/CHC to session site saving time & effort of ANM and bring about efficiency.
- Where ANM is not available as in the urban slums and underserved areas, hiring of vaccinators have been allowed for providing immunization.
- Incentive to ASHA for mobilizing beneficiaries due for vaccination to the session site to prevent missed-out beneficiaries.
- Use of Auto-disabled syringes for injection safety and improve service quality.

Further, programme implementation is monitored and reviewed centrally. All the states have been asked to ensure tracking of pregnant women and children for improving coverage of immunization.

Statement

State-Wise Immunization Coverage (%) as per District

Level Household (DLHS) -III (2007-08) Survey

[Arranged in ascending order of Full Immunization (%)]

Sl. No.	State/UTs/India	Full Immunization
1	2	3
1	Uttar Pradesh	30.9
2	Meghalaya	33.7
3	Madhya Pradesh	36.2
4	Tripura	38.5
5	Arunachal Pradesh	40.3
6	Bihar	41.4
7	Manipur	48.5
8	Rajasthan	48.8

1	2	3
9	Mizoram	50.0
10	Assam	51.0
11	Jharkhand	54.1
12	Gujarat	54.9
13	D&N H	57.3
14	Chhattisgarh	59.3
15	Haryana	59.6
16	Orissa	62.4
17	Jammu & Kashmir	62.5
18	Uttarakhand	62.9
19	Andhra Pradesh	67.1
20	Delhi	67.6
21	Maharashtra	69.1
22	Chandigarh	73.0
23	West Bengal	75.8
24	Karnataka	76.7
25	Sikkim	77.8
26	Kerala	79.5
27	Punjab	79.9
28	Pondicherry	80.4
29	Himachal Pradesh	82.3
30	Tamil Nadu	83.2
31	Lakshadweep	83.6
32	A & N Islands	84.5

1	2	3
33	Daman & Diu	84.5
34	Goa	93.4
35	Nagaland	NA
	India	54.1

Population Control Programmes

‡184. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether population control programmes run by the Central Government have been successful in achieving their targets;
- (b) if so, the details thereof;
- (c) if not, the reasons therefor;
- (d) whether it is a fact that there is a wide disparity in the population in terms of age groups in various areas of the country; and
- (e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Government has adopted a National Population Policy in February, 2000 which provides for holistic approach for achieving population stabilization in the country. The policy affirms the commitment of the Government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services and continuation of the target free approach in administering family planning services.

Further, one of the Goals of National Rural Health Mission (NRHM) is to achieve the Total Fertility Rate (TFR) of 2.1 by 2012. TFR in India which was 2.9 in 2005 has reduced to 2.6 in 2008. Out of the 20 States for which 2008 estimates of TFR are available from the Sample Registration System (SRS) of Registrar General of India, 9 States namely, Andhra Pradesh, Delhi, Himachal Pradesh, Karnataka, Kerala, Punjab, Maharashtra, Tamil Nadu and West Bengal have already achieved the replacement level of TFR (2.1). 5 States namely Assam, Gujarat, Jammu & Kashmir, Haryana and Orissa, are quite close to achieving the replacement level as they have attained TFR

‡Original notice of the question was received in Hindi.