

1	2	3	4
21	Punjab	26656	26656
22	Rajasthan	61119	56972
23	Sikkim	1233	1143
24	Tamil Nadu	54439	54439
25	Tripura	9906	9906
26	Uttar Pradesh	187517	152185
27	Uttarakhand	23159	10792
28	West Bengal	117170	110644
29	A & N Islands	720	697
30	Chandigarh	500	420
31	Delhi	11150	6606
32	Dadra & N Haveli	267	267
33	Daman & Diu	107	102
34	Lakshadweep	107	107
35	Puducherry	788	688
	All India	1366776	1195256

Underweight children

1390. SHRI S. THANGAVELU: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that more than 46 per cent of the urban poor children are underweight and almost 60 per cent are left out of the immunization net;

(b) if so, whether Government has analyzed the reasons for this poor health situation in urban poor children; and

(c) if so, the details thereof and the action taken by Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH): (a) to (c) No Sir, as per the latest National Family Health Survey

(NFHS-3), in 2005-06, 32.7% of urban children under 5 years have been reported to be underweight in India.

As per DLHS Survey-III, 2007-08, full immunization coverage of children (12-23 months) in the country is 54.1% (received all six vaccines) 34.6% children were partially immunized and 11.3% children did not receive any immunization.

The reasons for this short fall are:

1. High dropout rates i.e.: beneficiaries do not complete the doses as per schedule.
2. Left out population because of poor access to health care facilities.

The Government of India has formulated a multi year strategy plan for immunization services. The plan spells out the strategies for providing efficient and sustainable immunization services. The salient points of implementation are as below:

- Government of India centrally procures and supplies vaccines and cold chain equipments for immunization programme to the States/UTs as per their requirements.
- 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 and effort of ANM and bring about efficiency.
 - Where ANM is not available as in urban slums and under served 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 all States have been asked to ensure tracking of pregnant women and children for improving coverage of immunization. Programme implementation is monitored and reviewed at the State and the Central level to ensure proper implementation.

Functioning of NCPCR

1391. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state: