GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:3860 ANSWERED ON:17.05.2006 INFANT AND NEO NATAL MORTALITY Bhakta Shri Manoranjan;Rao Shri Sambasiva Rayapati;Saradgi Shri Iqbal Ahmed

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

(a) whether the Tenth Five Year Plan has failed to check infant and neo-natal mortality;

(b) if so, whether the Government is considering to include this in the Eleventh Plan;

(c) if so, whether a meeting was recently organized by the Planning Commission, the UNICEF and the Institute of Human Development in this regard;

(d) if so, the outcome thereof;

(e) whether experts have pointed out that focus from child health should shift to child mortality reduction in the Eleventh Plan;

(f) if so, whether any concrete proposals have been worked out to improve the current position; and

(g) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) to (g) : No Sir. The Infant Mortality Rate (IMR), including Neonatal Mortality Rate, has declined from 66 per 1000 live births in 2001 to 58 per 1000 live births in 2004 and the Neonatal Mortality Rate has declined from 40 in 2001 to 37 in 2003, as per the latest available Sample Registration System data of the office of the Registrar General of India .

The Planning Commission has accorded high priority in the 10th Five Year Plan to address high level of Infant and Neonatal Mortality Rate prevailing in the country. Various strategies and schemes are in place such as Reproductive and Child Health programme to address various bottlenecks and suggest corrective measures to reduce IMR and Neonatal Mortality Rates through a holistic approach. Within this programme the integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy has been initiated. It offers comprehensive management of the most common causes of neonatal and childhood mortality – sepsis, acute respiratory infections, diarrhea, measles and malaria, all compounded by malnutrition. IMNCI shall be implemented through out the country in a phased manner. In addition, thrust is being given to ensure institutional deliveries and train health care personnel on essential newborn care so that skilled attendance at birth is available and all newborns get specialized care. The National Rural Health Mission launched in April, 2005 for a period of 7 years (2005 to 2012) has envisaged reduction in Infant Mortality and Neonatal Mortality as one of the prime goals to be achieved.

The Planning Commission is also in the process of constituting Steering Committees/Working Group for the 11th Five Year Plan to address to current status of Infant and Neonatal Mortality Rates as well as suggesting various innovative measures to reduce IMR and Neonatal Mortality Rates.

The Women and Child Development Division of Planning Commission and the United Nations Children's Fund (UNICEF) with athe support of Institute of Human Development, New Delhi organized a National Consultation on "Priorities of Children in 11th Plan" on 18-19 January, 2006. The experts expressed their concern regarding slow progress in some of the goals for children. The Consultation was held basically to get inputs for the Working Group on Children for the 11th Five Year Plan. The initiatives being implemented for child health under the National Rural Health Mission shall focus on the concerns expressed by the experts and in the Eleventh Plan, address the issue of infant and neonatal mortality in conformance with the national goals.