

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:1824

ANSWERED ON:23.03.2012

FEMALE INFANT MORTALITY

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

- (a) whether the Government has taken note of a report released recently by the UN Department of Economic and Social Affairs (UNDESA) which inter alia describes higher female infant mortality rates in India as compared to certain other nations;
- (b) if so, the details thereof and the facts thereof;
- (c) the number and percentage of female mortality vis-a-vis male infant mortality during the last three years and the current year, State/UT-wise; and
- (d) the remedial measures taken/proposed to be taken by the Government in this regard?

**Answer**

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) & (b) Demographic year Book 2009-10 of UN Department of Economic and Social Affairs (UNDESA) published on 1 January, 2012 states disaggregated rural and urban infant mortality rate across various countries in the world. However, there is no mention of gender wise disaggregation of above data for India.

As per SRS 2010 report published by Registrar General of India female infant mortality rate is 49 per 1000 live births as against male infant mortality rate of 46 per 1000 live births in India.

(c) State/UT-wise Infant Mortality rate for male and female for last three years as per SRS reports published by RGI is annexed.

(d) Under the National Rural Health Mission the following interventions are implemented to bring down the mortality rate of children in the country:

(1) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY): Promoting Institutional delivery by skilled birth attendant is key to reducing both maternal and neo-natal mortality. There has been a phenomenal increase in number of institutional deliveries since the launch of JSY and number of beneficiaries has increased from 7.39 lacs in 2005 to 113.38 lacs in 2010-11. Besides this infrastructure of health facilities is also being strengthened for providing comprehensive obstetric care services under NRHM.

(2) Emphasis on facility based newborn care at different levels to reduce Child Mortality: Setting up of facilities for care of Sick Newborn such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels is a thrust area under NRHM. At present 340 SNCUs, 1210 NBSU and 9824 NBCCs are functional.

(3) Capacity building of health care providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery. These trainings are IMNCI, NSSK, SBA, LSAS, EMOC, BMOC etc.

(4) Management of Malnutrition: As malnutrition reduces resistance of children to infections thus increasing mortality and morbidity among children, emphasis is being laid under NRHM for management of malnutrition. 558 Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition. As breastfeeding reduces neo-natal mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development. Village Health and Nutrition Days (VHNDs) are organized for imparting nutritional counselling to mother and to improve child care practices.

(5) Universal Immunization Programme: Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. Government of India targets to immunise 2.7 crore infants against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipments and provision of operational costs. Recently, GOI has introduced 2nd dose of measles vaccine as measles kills estimated 1 lakh children per year in the country, Hepatitis b programme has been expanded in all over the country and Pentavalent vaccine in December 2011 in Tamil Nadu and Kerala. India has achieved a historic milestone by remaining polio free for one full year now. WHO has taken India off the list of polio endemic country.

(6) New initiatives in last two years:

(a) Janani Shishu Suraksha Karyakram (JSSK) was launched on 1st June 2011 and has provision for free transport, food, drugs and diagnostics to all pregnant women and sick new born. The initiative would further promote institutional delivery; eliminate out of pocket expenses which act as a barrier to seeking institutional care for mothers and sick new born.

(b) Home based new born care (HBNC): As 52 percent of child deaths take place in the first 28 days of birth, home based newborn care through ASHA has been initiated by providing incentive of Rs. 250. The purpose of Home Based New Born Care is to improve new born practices at the community level and early detection and referral of sick new born babies.

(c) Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured. One crore and eighty lakh mothers and One crore and twenty two lakh children have been registered till 15th March, 2012. States are being encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due as well as generate beneficiary wise lists of due services with due dates for ANMs on a weekly basis.