

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

STARRED QUESTION NO:507

ANSWERED ON:11.05.2012

INFANT MORTALITY

Azad Shri Kirti (Jha);Das Shri Khagen

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

(a) whether attention of the Government has been drawn to the United Nation's (UN) ``State of the World's Children`` report 2008 which states that India has the highest mortality rate in the world ;

(b) if so, the reaction of the Government thereto;

(a) the details of infant mortality rate in urban and rural areas separately, State-wise and its comparison with developing countries;

(b) whether the Government has assessed the reasons for high incidence of infant mortality in the country and if so, the details thereof; and

(e) the details of the corrective actions taken/proposed to be taken to attain zero infant mortality rate in the country?

Answer

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

(a)to(e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 507 FOR 11TH MAY, 2012

(a)&(b): As per "The State of the World's Children" report 2008 from UNICEF, India ranks 49th as per under five mortality rate. Further as per the latest report published by UNICEF in 2012, India ranks 46th in under five mortality rate. The Government has taken cognizance of it and is assiduously accordingly working to reduce the child mortality rate through a range of interventions under NRHM.

(c) According to Sample Registration System 2010 of Registrar General of India, Infant Mortality rate in rural area is 51 per 1000 live births whereas in urban area IMR is 31 per 1000 live births. State wise details and comparison with developing countries are annexed.

(d) The prominent causes of death among infants are perinatal conditions (46%), respiratory infections (22%), diarrhoeal disease (10%), other infectious and parasitic diseases (8%), and congenital anomalies (3.1%).

(e) Under the National Rural Health Mission, the following key interventions are being implemented to bring down the mortality rate of children across all the States of 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.

(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.

(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 on IMNCI, NSSK, SBA, LSAS, EMOC, BMOC etc.

(4) Management of Malnutrition: 657 Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition.

(5) 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 mothers and to improve child care practices.

(6) 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. The Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipments and provision of operational costs.

(7) Janani Shishu Suraksha Karyakaram (JSSK): A new initiative namely Janani Shishu Suraksha Karyakaram has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.

(8) Home based new born care HBNC: Home based newborn care through ASHAs 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.

(9) 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.