

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

STARRED QUESTION NO:26

ANSWERED ON:20.11.2009

INFANT MORTALITY RATE

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

- (a) whether the infant mortality rate in India is one of the highest in comparison to other countries as revealed by various surveys;
- (b) if so, the details thereof and the reasons therefore;
- (c) the number of mother and child mortality cases reported during the last three years and the current year, State-wise; and
- (d) the steps being taken by the Government to augment health infrastructure in the country to tide over this situation?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE(SHRI GHULAM NABI AZAD)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 26 FOR 20TH NOVEMBER, 2009

(a) & (b) Infant Mortality Rate (IMR) is estimated to be 53 per 1000 live births for the year 2008 as indicated by the Office of Registrar General of India, Ministry of Home Affairs. The lowest IMR is in the State of Goa (10 per 1000 live births) and the highest IMR being in Madhya Pradesh (70 per 1000 live births). As per the 'The State of the World's Children' Report 2009 published by UNICEF, 143 countries have a lower IMR than India. The State -wise figures of IMR are at Annexure I.

Important causes of infant deaths, assessed by the Office of Registrar General of India for the period 2001-2003, are Perinatal conditions (46 %), Respiratory infections (22%), Diarrhoeal diseases (10%), Other infectious and parasitic diseases (8%) and Congenital anomalies (3.1%). The reasons for high infant mortality are early age of marriage, frequent pregnancies, deliveries at home, delay in recognition of baby's illness, delay in accessing health facilities, inadequate nutrition, shortage of manpower, poor health infrastructure etc. To address these issues, Government of India has taken several initiatives like emphasis on periodic Ante-natal and Post-natal checkups for mother and child, Janani Suraksha Yojana (JSY), Skilled Birth Attendant (SBA) training, Integrated Management of Neonatal and Childhood Illness (IMNCI) training, Navjaat Shishu Suraksha Karyakram(NSSK) and promotion of health seeking behaviour through Auxiliary Nurse Midwife (ANM)/ Accredited Social Health Activist (ASHAs) and improvement in health manpower and health infrastructure.

(c) Maternal Mortality Ratio (MMR) in India, as estimated by Registrar General of India (RGI) for a three year period, has shown a decline from 301 per 100,000 live births (RGI-SRS, 2001-03) to 254 per 100,000 live births (RGI-SRS, 2004-06). The Child Mortality Rate (CMR) i.e. death of children between age 1 to 4 years, is reported to be 16 per 1000 live births for the year 2007 for India. Under Five Mortality Rate (U5MR) which is assessed by the National Family Health Surveys has reported 74 deaths per 1000 live births for the year 2005-06. State wise MMR and CMR estimates are at Annexure II

(d) The National Rural Health Mission (NRHM) which includes the Reproductive and Child Health (RCH) Programme aims to improve access to rural people, especially poor women and children, to equitable, affordable, accountable and effective primary health care. It has a special focus on 18 States, which have weak public health indicators and weak infrastructure. This includes creation of new health facilities and up- gradation of the existing ones, hiring of skilled manpower and mobile medical units. Under NRHM, States are supported in creation of health infrastructure facilities, augmentation of human resources and improvement of service delivery. Under NRHM, the following progress has been made:

- i. New construction/up- gradation work has been taken in 28,686 health sub-centres, 5407 Primary Health Centres, 3140 Community Health Centres and 444 district hospitals
- ii. 7.31 lakh ASHAs have been selected out of whom 5.25 lakh have been given orientation training (4th module) and positioned in villages.
- iii. Nearly 44561 ANMs, 24494 staff nurses, 9874 medical officers and 2344 Specialists have been engaged on contractual basis.
- iv. 160 new sick born care units, 1592 stabilisation units, 4797 sick new born care corners have been created at different health facilities
- v. untied grants have been provided to health institutions
- vi. Nearly 4.28 village health and sanitation committees have been constituted.
- vii. 354 districts have mobile medical units

viii. State, district and block level programme management units have been established to support the programme.

Janani Suraksha Yojana (JSY), a safe motherhood intervention under the National Rural Health Mission (NRHM), is being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The number of JSY beneficiaries has increased from 7.39 lakhs in 2005-06 to 83.84 lakhs in 2008-09.

To monitor the Reproductive and Child Health interventions more effectively, name-based tracking for Ante Natal Checkups of Pregnant Women and Immunization of Children is being taken up with the ASHAs.