

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

UNSTARRED QUESTION NO:370

ANSWERED ON:23.11.2012

INFANT/CHILD MORTALITY RATE

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

- (a) the number of infant/child mortality cases reported during each of the last three years and the current year, State/UT-wise and year-wise;
- (b) whether the infant/child mortality rates are on rise in the country especially in tribal areas;
- (c) if so, the details thereof and the reasons therefor;
- (d) the details of programmes/schemes and incentives provided to States to check the high rate of mortality cases indicating the funds allocated and utilised for the purpose during the said period, State/UTwise; and
- (e) the corrective measures taken by the Government to bring down the infant mortality rate and achieve the targets set for the Twelfth Five Year Plan?

**Answer**

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (ABU HASEM KHAN CHOUDHURY)

- (a) The number of infant/child mortality cases are not reported at the national level.

However the state/UT wise Infant mortality rates (IMR) for three years as per Sample Registration System report of Registrar General of India is placed in annexure1

- (b) & (c) No, The Infant Mortality Rate has shown consistent 3 point annual decline since 2008.

As per SRS report of Registrar General of India, IMR has declined from 53 per 1000 live births in 2008 to 44 per 1000 live births in 2011.

- (d) & (e) State wise allocation and utilisation of funds under Child Health are detailed in annexure2

Under National Rural Health Mission (NRHM), flagship programme of the Ministry of Health and Family Welfare, Government of India, the following interventions are implemented to reduce neonatal and child mortality rates in the country:

1) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is key to reducing both maternal and neo-natal mortality. JSY incentivizes pregnant women to opt for institutional delivery and provides for cash assistance. JSSK entitles all pregnant women to absolutely free and zero expense delivery including caesarean section operation in Government health facilities and provides for free to and fro transport, food, drugs and diagnostics. Similar entitlements have also been put in place for sick neonates.

2) Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place to provide essential newborn care at birth to all new born babies; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are being set up for the care of sick newborn. As on date 399 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.

3) Home Based Newborn Care (HBNC): Home based newborn care through ASHA has recently been initiated to improve new born care practices at the community level and for early detection and referral of sick new born babies. The schedule of home visits by ASHA consists of at least 6 visits in case of institutional deliveries, on days 3, 7, 14, 21, 28 & 42nd days and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits will be made for babies who are pre-term, low birth weight or ill.

4) Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of newborn at time of birth. These trainings include Integrated Management of Neo-natal and Childhood Illness(IMNCI) and Navjaat Shishu Surakshta Karyakaram (NSSK). A total of 5.5 lakh health care workers have been trained in IMNCI in 471 districts and

88,428 health workers trained in NSSK so far.

5) Management of Malnutrition: Emphasis is being laid on reduction of malnutrition which is an important underlying cause of child mortality. 647 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition(SAM). Iron and Folic Acid is also provided to children for prevention of anaemia. Recently, weekly Iron and Folic Acid is proposed to be initiated for adolescent population. As breastfeeding reduces infant 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.

6) Village Health and Nutrition Days (VHNDs) are also being organized for imparting nutritional counseling to mothers and to improve child care practices

7) Universal Immunization Program (UIP): Vaccination against seven diseases is provided to all children under UIP. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs. UIP targets to immunize 2.7 crore infants against seven vaccine preventable diseases every year. 21 states with more than 80% coverage have incorporated second dose of Measles in their immunization program. Pentavalent vaccine has been introduced in two states of Kerala and Tamil Nadu and proposed to be scaled up in six more states. Year 2012-13 has been declared as 'Year of intensification of Routine Immunization'. 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 countries.

8) Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to enable tracking of all pregnant women and newborns so as to monitor and ensure that complete services are provided to them. States are encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due and generate beneficiary-wise due list of services with due dates for ANMs on a weekly basis.