

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

UNSTARRED QUESTION NO:359  
ANSWERED ON:11.07.2014  
INFANT CHILD AND MATERNAL MORTALITY RATE  
Mani Shri Jose K.;Nayak Shri B.V.

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

- (a) whether the Government is aware of certain reports stating that children from the poorer communities in India are more likely to die before the age of 5 than children from wealthier communities;
- (b) if so, the details thereof along with the reaction of the Government thereto;
- (c) the details of the infant, child and maternal mortality rate reported along with the reasons for such high mortality rates during each of the last three years and the current year, State/UT-wise;
- (d) the details of the programmes/schemes and awareness campaign launched along with the funds/incentives released/utilised to check the high rate of infant, child and maternal mortality rate and success achieved during the said period, scheme and State/UT-wise; and
- (e) whether the Government proposes to include some more schemes under National Rural Health Mission (NRHM) and if so, the details thereof?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a) & (b):As per Save the Children Report 2010, "A Fair Chance at life-Why Equity Matters for Child Mortality", child mortality in the poorest quintile is almost three times higher than in the richest quintile in India.

Ministry of Health & family Welfare is addressing this issue of equity in relation to child mortality by intensified action in identified 184 high priority districts in the country where child health indicators are weak.

(c):State/UT-wise Infant, Child mortality rate and Maternal Mortality Ratio during last three years and current year given in annexure 1. As per WHO 2012 estimates, the causes of Child Mortality in the age group 0-5 years in India are Neonatal causes (52%), Pneumonia (15%), Diarrhoeal disease (11%), Measles (3%), Injuries (4%) and others (15%). The major medical causes of maternal deaths as per RGI- SRS (2001-03) are Haemorrhage (38%), Sepsis (11%), Abortion (8%), Hypertensive disorders (5%), Obstructed labour (5%), and Other causes (34%) includes anaemia and various other causes.

Besides this, Illiteracy, low socio-economic status, early age of marriage, high parity, women's empowerment, poor sanitation, hygiene and nutrition, poor access to health facilities are also contributing factors of Infant, Child and maternal mortality.

(d) & (e): The following interventions under RMNCH+A Strategic approach of National Health Mission (NHM) are being implemented to reduce Infant, Child and Maternal mortality:

- 1) Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
- 2) To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- 3) Name Based Tracking of Pregnant Women to ensure complete antenatal, intranatal, postnatal care and children up to 2 years of age for completing immunization as per UIP schedule.
- 4) Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal care services. )
- 5) 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.
- 6) Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place; Special New Born Care Units (SNCUs) and New Born Stabilization Units (NBSUs) are also being set up at appropriate facilities for the care of sick newborn including preterm babies.

7) Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies

8) Integrated Management of Neo-natal and Childhood Illness (IMNCI) is being implemented through skill building of ANMs, Nurses and doctors for early diagnosis and case management of common ailments such as Acute Respiratory Infection, Diarrhoea, fever etc. in children.

9) Universal Immunization Programme covers about 13.5 crore children for vaccination against seven vaccine preventable diseases, through 90 lakh immunization sessions each year.

10) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.

11) To overcome the shortage of specialists, Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills particularly in rural areas.

12) Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

13) Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.

14) Management of Malnutrition: Emphasis is being laid on reduction of malnutrition which is an important underlying cause of child mortality. Nutritional Rehabilitation Centres are being established for management of Severe Acute Malnutrition (SAM). National Iron Plus Initiative has been launched to prevent and control iron deficiency anaemia through introduction of IFA Supplementation for children (above six months of age), adolescents and women in the reproductive age group besides those who are pregnant or lactating. 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.

15) Rashtriya Bal Swasthya Karyakram (RBSK) for Child health screening and early intervention services has been launched to provide comprehensive care to all the children in the age group of 0-18 years in the community. The purpose of these services is to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays including disability.

16) To sharpen the focus on vulnerable and marginalized populations in underserved areas, 184 High Priority Districts have been identified for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.

#### New Initiatives

Rashtriya Kishor Swasthya Karyakram (RKSK), a new initiative was launched on 7th January 2014 to reach out to 253 million adolescents in the country. RKSK seeks to reach adolescents in their own spaces and introduces peer led interventions at the community level, supported by augmentation of facility based services. Details of funds allocation and expenditure under RCH flexi pool of National Health Mission (NHM) for last three years and current years is given in annexure 2.