

LOK SABHA DEBATES

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LOK SABHA

Thursday March 21, 1985/
Phalgun 30, 1906 (Saka)

*The Lok Sabha met at Eleven of
the Clock.*

[MR. DEPUTY SPEAKER *in the Chair.*]

ORAL ANSWERS TO QUESTIONS

[*English*]

Prevention of High Rate of Children's
Death

*121. SHRI AMAR ROY-
PRADHAN : Will the Minister of
HEALTH AND FAMILY WELFARE
be pleased to state the main reason for
high rate of children's death every year
and remedial steps Government propose
to take in the Seventh Five Year Plan ?

THE MINISTER OF HEALTH
AND FAMILY WELFARE (SHRIMATI
MOHSINA KIDWAI) : The Main causes
of infant and child mortality are pre-
maturity, disorders of respiratory system,
diarrhoea, tetanus, malnutrition and
fevers. Measures to improve and
strengthen the Maternal and Child Care
Programme during the 7th Plan include
expansion of the existing Health infra-
structure, training of manpower, health
education, adoption of risk approach,
universal immunization of children, con-
trol of diarrhoeal diseases, Prophylaxis
against nutritional anaemia and supple-
mentary nutrition under the Integrated
Child Development Service Scheme.

SHRI AMAR ROYPRADHAN :
Today's children are the future of India.

But what is the figure of life after birth?
According to Food & Agriculture Orga-
nisation, 23 million children are born
in India every year. 3 million of them
are to some extent healthy. 120 out
of 1,000 children do not live beyond
one year. One out of 7 children dies
before the age of 5 years. 7 out of 10
children suffer from malnutrition.

In children's death, India is the top-
most. Its share is 38% of the world's
child mortality. The Integrated Child
Development Scheme and the Mother
and Child Health Scheme have totally
failed to improve the condition of the
children of India.

If you make a review of the Five-
Year Plans from the First Five Year
Plan to the Sixth Five Year Plan, the
Child Development Schemes and the
Child Health Schemes out a sorry
figure.

Before I put my question, I would
like to remind the Hon. Minister through
you of the poem of Mr. Gabriela Mistral,
the Nobel Prize winner of Chile.

"Many of the things we need can
wait,

The child cannot,
Right now is the time his bones are
being formed,
His blood is being made,

And his senses are being developed,
To him we cannot answer 'Tomorrow'
His name is 'Today'."

May I ask the Hon. Minister what is
today's immediate programme for the
betterment of children because today's
children are the future of India.

What is the child mortality rate for 1983-84?

PROF. MADHU DANDAVATE :
Hon. Madam Minister may tell us her opinion about that poem also.

[*Translation*]

SHRIMATI MOHSINA KIDWAI :
Mr. Deputy Speaker, Sir, the Hon. Member has rightly said that the infant mortality rate in our country is very high. I would like to inform you that in the Sixth Five Year Plan and in the Seventh Five Year Plan, we have tried our utmost to develop the health infrastructure. Two years back, the National Health Policy was also discussed in this House and it was said during the discussion that we should strengthen our health infrastructure to this extent that its benefit may percolate to the lowest strata of the society. Infant mortality rate per thousand of live births was 127 in 1978, 114 in 1980 and 110 in 1981, which is the latest available figure—

[*English*]

—110 out of 1,000 live births. It shows that it is declining. The progress is not very fast. But it is declining.

[*Translation*]

Our infrastructure and the way in which we are working is very effective. There has been considerable expansion in our mother and child health care programmes. Infant mortality and expectant mother's deaths are inter-linked matters and that is why we have initiated a mass immunisations programme. Till now, we used to give five injections—Triple Antigen, B.C.G. and Polio, but with the beginning of the Seventh Plan, we are starting a new injection of measles, which would be given to children in the age group of 0 to 1 year. Similarly, there is a mass immunisation programme for expectant mothers against tetanus. We hope to complete this programme by 1990.

You are already aware of the infrastructure which we have. You have said

that this is all on paper. I would like to say that a lot of work has been done through this infrastructure and a lot of work is being done in your State also. In this connection, I would only say that such a gloomy picture should not be projected. One should always be hopeful and we all should collectively try to accomplish this task.

[*English*]

SHRI AMAR ROYPRADHAN : It has been admitted by the Hon. Minister that the child mortality rate in 1980 was 110 per thousand. It is the highest in the world. Can we claim that this is a very good figure for India? It has been rightly said by the Hon. Minister that the question of child mortality should not be taken up alone, it should be taken up along with the health of mother. The danger of "too close, too many, too young" can be seen from the UNICEF's recent survey in India, El Salvador and Argentina. It reveals that 3-4 year gap birth meant an infant mortality rate of 80; it climbed sharply to 200 when the difference was less than a year; in babies born to women below 20, the death rate of babies was double that of above-mid-twenties mothers. So child health means mother's health, age of mother and family planning. I would like to know from the Hon. Minister what are the programmes being taken up in the Seventh Plan for mother's health and family planning and what is the amount allocated for this purpose in the Seventh Plan.

[*Translation*]

SHRIMATI MOHSINA KIDWAI : The allocation of the amount for the Seventh Plan has not been finalised yet. I cannot say anything at this stage, as it has to be finalised by the Planning Commission. You have suggested that the number of Primary Health Centres, Sub-Centres and Community Health Centres should be increased. I would like to tell you that the total number of Primary Health Centres and Sub-Centres is 76,500 and during the Seventh Five Year Plan, we propose to increase the number by another 50,000.

[English]

At present 6,500 Primary Health Centres are there, and we are proposing to have another 10,250 in the next Plan. These are the steps which we are taking to strengthen this programme. In every village there is a Health Guide and there are ANMs and traditional birth attendants to whom we are giving training to take up the programme in a scientific manner; at the time of child's birth, they should be there, there are ANMs to assist in the *Dats* in difficult cases; they can also refer difficult cases to the district hospitals or Primary Health Centres or upgraded Community Health Centres.

SHRI VAKKOM PURSHOTHAMAN : The Hon. Minister has said that the child mortality rate in 1980 was about 110 per thousand. May I know the rate of infant mortality in India at present and what is the target fixed for 2,000 A.D., when we have to achieve the motto of Health for All ?

I would also like to know the present infant mortality rate in Kerala and if it is less than the target fixed for (2000) AD, I would like to know whether it is a fact that sufficient funds are not being allotted to Kerala due to that reason and will you please be kind enough to allot more funds to Kerala in appreciation of the good work done by them ?

SHRIMATI MOHSINA KIDWAI : The Kerala is doing good work in the family planning programme and we are giving them award. I wish Kerala should get this award also. Our target is that by 2000 AD we want to reduce this figure of infant mortality by 60 per thousand births.

SHRI VAKKOM PURUSHOTHAMAN : In Kerala to-day the rate is even less than the target you have set for 2000 AD. The complaint is that due to that reason you are not allowing sufficient funds.

SHRIMATI MOHSINA KIDWAI : It is not correct. We are giving funds

to Kerala also, and we wish we can give some more to them.

SHRI MANORANJAN BHAKTA : In remote areas like the North-Eastern Region, the Andaman and Nicobar islands and in Lakshadweep even the general medical care is not sufficiently available. Particularly in Andaman & Nicobar Islands no child specialist is available. Even gynaecologists are not available and now even the General Duty Medical Officer posts are lying vacant. In view of this, will the Hon. Minister assure this House that to control this child mortality some special programme is taken up in such remote and isolated areas to check the child mortality rate during this Plan period ?

SHRIMATI MOHSINA KIDWAI : To difficult areas doctors are not ready to go. That is why we have sanctioned Rs. 400 for the doctors who are working in the rural areas—Rs. 250 for their allowance and Rs. 150 for accommodation where they do not get government accommodation. It is an important thing because we want doctors to go there and work in difficult areas. In the North-Eastern region there is the same problem as also in the Andaman & Nicobar Islands. So we are finding some solution by giving some incentives. We are giving Rs. 400 extra to the doctors to go to rural areas and also difficult areas.

SHRIMATI GEETA MUKHERJEE : Is the Hon. Minister aware that in the present arrangement of immunization long queues are there and also not enough medicines are available. You have mentioned universalisation of immunization to be the goal of the Seventh Plan, I would like to know what you mean by universalisation. Upto what administrative level do you propose to start this immunization centres and whether these can be substantially increased than confining it to 0-1 as at present ? Otherwise, it cannot be universal immunization.

SHRIMATI MOHSINA KIDWAI : We are not going to start some special

centres for this immunization. In our present infrastructure, in the Sub-centres there are ANMs who are capable of giving injection to children. In the PHC there is the provision for immunization of children and in the District Headquarters there is also some arrangement for this. So through our infrastructure we propose to get all the infants of the age group of 0-1 immunized as well as the expectant mothers.

SHRIMATI GEETA MUKHERJEE: Is it covered by to-day's arrangement ?

SHRIMATI MOHSINA KIDWAI : Yes.

SHRIMATI GEETA MUKHERJEE : No, no.

MR. DEPUTY-SPEAKER : Next question.

Rail Line from Ranchi To Korba

*123. **KUMARI PUSHPA DEVI :** Will the Minister of RAILWAYS be pleased to state :

(a) Whether Government have a proposal for the construction of a railway line between Ranchi (Bihar) and Korba (Madhya Pradesh);

(b) if so, the steps taken to implement the above proposal ; and

(c) whether it is proposed to be included in the Seventh Plan ?

THE MINISTER OF RAILWAYS (SHRI BANSI LAL): (a) to (c). A Preliminary Engineering-cum-Traffic Survey for conversion of Ranchi—Lohardaga narrow gauge line to broad gauge and a new broad gauge line from Lohardaga to Korba was carried out in 1975-76. As per the Survey Report the project was not financially viable. In view of the severe constraint of resources and heavy

commitments already in hand, the proposal will have to await consideration till the resources position improves.

KUMARI PUSHPA DEVI : Mr. Deputy-Speaker, Sir, the Minister has stated in his reply that the engineering-cum-traffic survey between Ranchi to Laboardaga and Lohardaga to Korba has been undertaken in 1975-76 and the survey report says that the above project will not be financially viable.

This has been surveyed thrice and assurance was given to us by the late Prime Minister, Shrimati Indira Gandhi, that this line will be taken up as it covers the backward under-developed tribal areas. I would like to know from the Hon. Minister whether he will consider this proposal and take it up in the Seventh Plan so that the mineral areas which are at present under-developed can be developed in future ?

SHRI BANSI LAL : It is not possible to take it up in the near future.

SHRI NARAYAN CHOUBEY : Sir, it seems in the Ministry of Railways the king goes and with him the orders also go. Akbar goes and Jahangir comes. Akbar's orders go and Jahangir's orders come. One minister goes and all his orders are cancelled. The new minister comes and he gives new orders which are to be cancelled when another minister comes.

Sir, on the Floor of the House in the year 1981 late Kedar Pandey had promised that Purlia to Kotsila would be turned into broad gauge. I would like to know whether government is going to keep the promise made by late Shri Kedar Pandey. He will be happy to see in the heavens that his promises are being implemented.

SHRI BANSI LAL : Sir, it does not arise out of this question.