

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 3644
TO BE ANSWERED ON 27TH MARCH, 2018**

INFANT MORTALITY RATE

3644. CH. SUKHRAM SINGH YADAV:

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

- (a) whether India is lagging behind its neighbouring countries according to UNICEF report regarding infant mortality rate published in the month of February and the details regarding the death of infants within one month of their birth during the last three years;
- (b) the reasons for not getting satisfactory success in health sector to check infant mortality rate; and
- (c) the details of steps taken by the Ministry for improvement in infant mortality rate during the last three years?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): As per the “Every Child Alive- The urgent need to end new-born deaths” published by UNICEF in 2018, India ranks 12th in the 52 low middle income countries of the world on the basis of new-born mortality. However, as per Sample Registration System, report of Registrar General of India, The Neo-natal Mortality Rate (NMR) for India is 24 per 1000 live births in the year 2016 in comparison to 26 per 1000 live birth in the year 2014. The Neo-natal mortality rate has reduced by 58% during 1990-2016 in comparison to 49% globally.

(c): Health is a state subject, however to reduce Infant Mortality Rate (IMR) various programmes and schemes under National Health Mission being implemented by States/ UTs are as follows:

- (1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
- (2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Stillbirth Rate”, by 2030.

- (3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Mothers' Absolute Affection (MAA) programme for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary feeding up to two years) through mass media campaigns and capacity building of health care providers in health facilities as well as in communities.
- (4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. "Mission Indradhanush and Intensified Mission Indradhanush" was launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. Measles Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020.
- (5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule
- (6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (7) Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- (8) Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.
- (9) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote healthy practices and create awareness to generate demand and improve service uptake.
- (10) Capacity building of health care providers: Various trainings are being conducted to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential new-born care.