

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

**RAJYA SABHA  
UNSTARRED QUESTION NO. 3123  
TO BE ANSWERED ON 28<sup>TH</sup> MARCH, 2023**

**HEALTHCARE SYSTEM**

**3123 DR. SONAL MANSINGH:**

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

- (a) whether it is a fact that 50 per cent of all villagers have no access to healthcare providers;
- (b) if so, the details thereof, State-wise;
- (c) the details of Infant Mortality Rate (IMR) in the country, State-wise;
- (d) the steps taken to reduce the infant mortality rate in the country;
- (e) whether the lack of essential nutrition is causing the severe infant mortality rate; and
- (f) if so, the steps taken to ensure meals with minimum nutrients for children of the country?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE**

**(DR. BHARATI PRAVIN PAWAR)**

(a) & (b): The healthcare system of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India.

As per established norms, in rural areas a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area) is suggested. Further, First Referral Unit, Sub-District Hospital (SDH) and District Hospital (DH) provide secondary care services for rural & urban area.

Rural Health Statistics (RHS) is an annual publication, based on Health care administrative data reported by States/UTs. Details of State/UT-wise number of Sub-Centres, PHCs, CHCs, Sub-Divisional Hospital, District Hospital & Medical Colleges may be seen at the following link of RHS 2021-22:

<https://main.mohfw.gov.in/sites/default/files/RHS%202021%2022.pdf>

(c) & (d): As per latest Sample Registration Survey Report of Registrar General of India, Infant Mortality Rate is 28 per 1000 Live Births in 2020 at National level. Details of Infant Mortality Rate (IMR) as per the Report, State/UT wise is placed at **Annexure-I**.

The Ministry of Health and Family Welfare (MoHFW) is supporting all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Programme

Implementation Plan (PIP) submitted by States/ UTs to reduce Infant Mortality Rate. The details of interventions are placed at **Annexure II**.

(e) & (f): The major causes of Infant Mortality in India as per the SRS reports include Prematurity & low birth weight, Pneumonia, Birth asphyxia & birth trauma, Other non-communicable diseases, Diarrhoeal diseases, III-defined or cause unknown, Congenital anomalies, Acute bacterial sepsis and severe infections, Injuries, Fever of unknown origin.

As informed by Ministry of Women & Child Development, in order to address the problem of malnutrition in the country, Government implements several schemes and programs like Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojana under the Umbrella Integrated Child Development Services Scheme as direct targeted interventions. Government has also set up POSHAN Abhiyaan, which has one of the aim to prevent and reduce prevalence of anaemia among Pregnant Women and Lactating Mothers.

Government has also taken measures to strengthen nutritional content, delivery, outreach and outcomes with focus on developing practices that nurture health, wellness and immunity to disease and malnutrition. Steps have also been taken to improve nutritional quality and testing, strengthen delivery and leverage technology under the Poshan Tracker, a robust ICT enabled platform, to improve governance with regard to monitoring of provisioning of supplementary nutrition for prompt supervisions and management of services.

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## Annexure -I

<b>Details of Infant Mortality Rate (2020)</b>	
<b>INDIA</b>	<b>28</b>
Andhra Pradesh	24
A&N Islands	7
Arunachal Pradesh	21
Assam	36
Bihar	27
Chandigarh	8
Chhattisgarh	38
D&N Haveli	16
Daman & Diu	
Delhi	12
Goa	5
Gujarat	23
Haryana	28
Himachal Pradesh	17
Jammu & Kashmir	17
Jharkhand	25
Karnataka	19
Kerala	6
Ladakh	16
Lakshadweep	9
Madhya Pradesh	43
Maharashtra	16
Manipur	6
Meghalaya	29
Mizoram	3
Nagaland	4
Odisha	36
Puducherry	6
Punjab	18
Rajasthan	32
Sikkim	5
Tamil Nadu	13
Telangana	21
Tripura	18
Uttar Pradesh	38
Uttarakhand	24
West Bengal	19
<b>Source:</b> Sample Registration System (SRS) of Registrar General of India (RGI)	

**Interventions for improving Infant Mortality Rate (IMR):**

**Facility Based New-born Care:** Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

**Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.

**Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).

**Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.

**Universal Immunization Programme (UIP)** is implemented to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination is rolled out in the country for prevention of Rotaviral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) is introduced in all the States and UTs.

**Rashtriya Bal Swasthya Karyakaram (RBSK):** Children from 0 to 18 years of age are screened for 30 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakaram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.

**Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.

**Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative is implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.

**Anaemia Mukh Bharat (AMB)** strategy as a part of POSHAN Abhiyan aims to strengthen the existing mechanisms and foster newer strategies to tackle anaemia which include testing & treatment of anaemia in school going adolescents & pregnant women, addressing non-nutritional causes of anaemia and a comprehensive communication strategy.

**Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.