

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

**LOK SABHA
UNSTARRED QUESTION NO. 607
TO BE ANSWERED ON 18TH NOVEMBER, 2016**

INFANT MORTALITY

**607. SHRI HARINARAYAN RAJBHAR:
SHRI JITENDRA CHAUDHURY:
SHRI P.V. MIDHUN REDDY:
SHRI RAM CHARAN BOHRA:
SHRI SISIR KUMAR ADHIKARI:**

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

- (a) whether the Government is aware that India has the highest number of cases of children who die under 5;
- (b) if so, the State-wise details thereof and the reasons therefor;
- (c) whether the Government is aware that multi drugs resistance given to babies make the ailment untreatable and if so, the details thereof;
- (d) whether World Health Organisation (WHO) has set any target for our country upto 2020 and if so, the details of targets achieved, State-wise;
- (e) the steps taken/being taken by the Government to prevent infant mortality rate during the last three years;
- (f) whether India ranks first in the list of those countries where children die due to Pneumonia, if so, the details thereof, State/UT-wise for the last three years along with the reasons therefor; and
- (g) the steps taken by the Government to check this disease and protect children from Pneumonia?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)**

(a) & (b): Yes. The State wise Under 5 Mortality Rate (U5MR) is annexed.

As per the Sample Registration Report (SRS) of Registrar General of India, the major causes of deaths of children (2010-13) are- Prematurity & low birth weight (29.8%), Pneumonia (17.1%), Diarrhoeal disease (8.6%), Other Non-Communicable Diseases (8.3%), Birth asphyxia & birth trauma (8.2%), Injuries (4.6%), Congenital anomalies (4.4%), Ill-defined or cause unknown (4.4%), Acute bacterial sepsis and severe infections (3.6%), Fever of unknown origin (2.5%) and All Other Remaining Causes (8.4%).

(c): Multi drug resistance in children may adversely affect treatment outcome. As per report published by Lancet in 2016 approximately 57 thousand neonatal deaths each year in India may be attributable to neonatal sepsis caused by bacteria resistant to first-line antibiotics.

(d): United Nations has recently set Sustainable Development Goals and Targets. The target for India is to attain U5MR of 25/1000 live births by 2030.

(e): The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country to reduce infant mortality rate:

- I. 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.
- II. 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 (IANP) 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.
- III. 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. Ministry of Health and Family Welfare launched MAA-Mothers’ Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.
- IV. 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. Pentavalent vaccine has been introduced all across the country and “Mission Indradhanush” has been launched to fully immunize more than 89 lakh children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.
- V. 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.

- VI. Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability 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.
- VII. Some other important interventions are 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.
- VIII. Government of India has adopted the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) to improve maternal and child health outcomes. The RMNCH+A strategy recognize that child health and survival is inextricably linked to women's health across all life stages. Besides this, 184 high priority districts with relatively weaker status of maternal and child health indicators have been identified, for the intensification of RMNCH+A efforts.

(f): As per the Pneumonia and Diarrhoea Progress Report, of the International Vaccine Access Centre (IVAC), India tops the list of 15 high burden countries in terms of deaths due to pneumonia and diarrhoea. The reasons being high prevalence of underlying under-nutrition, low birth weight and indoor air pollution.

State/UT-wise details of pneumonia deaths among children during the last three years are not maintained at central level.

(e): Government of India, under National Health Mission, is undertaking following interventions for prevention and control of pneumonia among children:

- Promotion of infant and young child feeding practices to prevent onset of malnutrition,
- Vitamin A supplementation
- Vaccination for diphtheria, pertussis, measles and Hib vaccination
- Improved case management for pneumonia at community and health facilities
- Training of health personnel on integrated management of neonatal and childhood illness including pneumonia
- Promotion of hand washing and personal hygiene through IEC activities etc.

Government of India
Ministry of Health & Family Welfare

Annexure

State wise status of Under 5 Mortality Rate in India

States	2014
India	45
Andhra Pradesh	40
Assam	66
Bihar	53
Chhattisgarh	49
Delhi	21
Gujarat	41
Haryana	40
Himachal Pradesh	36
Jammu & Kashmir	35
Jharkhand	44
Karnataka	31
Kerala	13
Madhya Pradesh	65
Maharashtra	23
Odisha	60
Punjab	27
Rajasthan	51
Tamil Nadu	21
Telangana	37
Uttar Pradesh	57
Uttarakhand	36
West Bengal	30

Source: Sample Registration System report 2014, Registrar General of India