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

LOK SABHA UNSTARRED QUESTION NO. 1118 TO BE ANSWERED ON 22ND NOVEMBER, 2019

CHILD MORTALITY RATE

1118. SHRI CHANDESHWAR PRASAD:

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

- (a) the details of child mortality rate at national level during the last five years;
- (b) whether the Government considers that the schemes implemented to check child mortality rate have so far been ineffective; and
- (c) if so, the details thereof and further steps proposed to be taken by the Government in this direction?

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

(a): As per Sample Registration System (SRS), Registrar General of India, the details of last five year Under-five mortality (2013 to 2017) are as under:

| Under-Five Mortality Rates (U5MR) (per 1000 live births) - 2013 to 2017 | | | | | | |
|---|-------|------|------|------|------|------|
| | | 2013 | 2014 | 2015 | 2016 | 2017 |
| | India | 49 | 45 | 43 | 39 | 37 |

(b) & (c): Government of India is implementing Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCHA+N) strategy under National Health Missiontocheck child and maternal mortality in the country.

As per Sample Registration System (SRS), Registrar General of India, the child mortality in the county has declined from 49 per 1000 live births in 2013 to 37 per 1000 live births in 2017.

The various intervention under RMNCHA+N strategy are as below:

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 delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age. Pradhan Matritvya Vandana Yojana (PMMVY) is another maternity benefit programme under which cash incentive of Rs. 5000 is provided to pregnant women and lactating mothers.

- 2. Strengthening 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) and Home Based Care of Young Children (HBYC) by ASHAs to improve child rearing practices and to identify sick newborn.
- 3. Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted underMothers' Absolute Affection (MAA) in convergence with Ministry of Women and Child Development.
- 4. Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- 5. 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.
- 6. Universal Immunization Programme (UIP) is being supported 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 has also been rolled out in the country for prevention of Rotaviral diarrhoea. "Mission Indradhanush is targeted to immunize children who are either unvaccinated or partially vaccinated i.e. those that have not been covered during the rounds of routine immunization for various reasons. Intensified Mission Indradhanush (IMI) 2.0 is being planned as per road-map for achieving 90% full immunization coverage across the country.
- 7. All the children from 0 to 18 years of age are screened for 30 health conditions classified into 4Ds Diseases, Deficiencies, Defects and Developmental delay under "Rastriya Bal Swasthya Karyakaram" (RBSK). District early intervention centre (DEIC) at district health facility level are established for confirmation and management of the 4D's.
- 8. National Deworming Day (NDD) is implemented biannually every year for deworming of children (one to nineteen year of age).
- 9. Name based tracking of mothers and children till two years of age is done through RCH portal to ensure complete antenatal, intranatal, postnatal care and immunization as per schedule
- 10. Capacity building of health care providers regularly done to build and upgrade the skills in basic and comprehensive obstetric care of mother during pregnancy, delivery and for essential new-born care.

Besides above programme and scheme, few newer initiatives started under RMNCHA+N are as follows:

- (a) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- (b) "LaQshya" programme aims to improve the quality of care in Labour room and Maternity operation theatres.
- (c) Surakshit Matritva Aashwasan (SUMAN) initiative is focussed on assured delivery of maternal and newborn health care services encompassing wider access to quality care services, at no cost, zero tolerance for denial of services, assured management of complications along with respect for women's autonomy and dignity.
- (d) Defeat Diarrhoea (D2) initiative has been launched for promoting ORS and Zinc use and eliminating the diarrhoeal deaths by 2025.
- (e) Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative for reduction of Childhood morbidity and mortality due to Pneumonia.
- (f) Anaemia Mukt 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.