

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

**LOK SABHA
UNSTARRED QUESTION NO. 882
TO BE ANSWERED ON 5TH FEBRUARY, 2021**

CHILD MORTALITY RATE

**882. SHRI DILIP SAIKIA:
SHRI RAMESH CHANDER KAUSHIK:**

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

- (a) whether it is a fact that mortality rate in children under five years of age in rural areas is 2.4 times higher than the urban children in the country, if so, the details thereof, State/UT-wise including Assam;
- (b) the strategy chalked out by the Government to tackle this situation;
- (c) whether the Government has fixed any accountability at any level in this regard; and
- (d) if so, the details thereof and if not, the reasons therefor?

ANSWER

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

(a) & (b): As per Sample Registration System (SRS) Statistical Report of Registrar General of India (2018), mortality rate in children under five years of age (Under 5 Mortality Rate) in rural India is 40 per 1000 live births and in urban India it is 24 per 1000 live births. The overall Under 5 Mortality Rate is 36 per 1000 live birth at national level in 2018.

The differential Under 5 Mortality Rate in Rural and urban areas varies from state to state. The details of Under 5 Mortality Rate in larger States/ UTs including Assam covered under SRS is placed at Annexure.

In order to bring down the mortality among children, the Government of India is supporting all States/UTs including North-Eastern States under National Health Mission in implementation of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategies. The major interventions include the following:

- In order to improve pregnancy outcome and reduce newborn/ child mortality due to home delivery, Institutional deliveries are promoted under Janani Suraksha Yojana (JSY) through cash incentive. Women delivering in public health institutions are entitled for free delivery including Caesarean section, post-natal care under Janani Shishu Suraksha Karyakaram (JSSK). Treatment of sick infants up to one year of age is also covered under JSSK.

- Sick Newborn Care Units (SNCU) are established at District Hospital and Medical College level, Newborn Stabilization Units (NBSU) are established at First Referral Units (FRUs)/ Community Health Centres (CHC) for care of sick and small babies. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts to reduce neonatal mortality.
- Under Home Based Newborn 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.
- 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 has been launched for reduction of Childhood morbidity and mortality due to Pneumonia.
- 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 Rota-viral diarrhoea.
- 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 center (DEIC) at district health facility level are established for confirmation and management of children screened under RBSK.
- 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.
- Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2) initiative has been launched for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- Anaemia Mukht 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.
- 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.
- Several capacity building programs of health care providers are undertaken for improving maternal and child survival and health outcomes.

(c) & (d): Health being a State subject, the day to day monitoring and reporting lies in the domain of State/ UT governments. To strengthen public health system, under National Health Mission (NHM) technical and financial support is provided for establishment of monitoring mechanisms and grievance redressal system. Besides this, routine monitoring through Health Management Information System (HMIS) and periodic monitoring through state reviews are also carried out. Regular advisories/ guidance are issued to States/ UTs in this regard.

Status of Under 5 Mortality Rate at National level and Larger States/ UTs in 2018			
	Total	Rural	Urban
India	36	40	26
Andhra Pradesh	33	37	24
Assam	47	50	23
Bihar	37	37	32
Chhattisgarh	45	47	38
Delhi	19	17	19
Gujarat	31	37	21
Haryana	36	39	30
Himachal Pradesh	23	23	17
Jammu & Kashmir	23	24	20
Jharkhand	34	36	29
Karnataka	28	30	24
Kerala	10	11	9
Madhya Pradesh	56	60	39
Maharashtra	22	27	15
Orissa	44	45	35
Punjab	23	23	22
Rajasthan	40	43	31
Tamil Nadu	17	22	14
Telangana	30	35	23
Uttar Pradesh	47	49	38
Uttarakhand	33	33	33
West Bengal	26	27	25
Source: Sample Registration System, Registrar General of India			