

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

**LOK SABHA
UNSTARRED PARLIAMENT QUESTION 5057
TO BE ANSWERED ON 1ST APRIL 2022**

MATERNAL AND CHILD HEALTH SERVICES IN RURAL AREAS

5057: SHRI BALASHOWRY VALLABHANENI:

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

- (a) whether the Government is aware of recent revelation by Census Office that children born in urban areas have much higher chance of survival compared to children born in rural areas;
- (b) whether it is due to poor quality of maternal and child health services and limited access to them in rural areas;
- (c) whether the Government justifies Infant Mortality Rate (IMR) of urban areas at 20/1000 and rural 34/1000 and if so, the response of the Government thereto; and
- (d) the steps taken/being taken by the Government to bridge the rural-urban gap on IMR?

ANSWER

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

(DR. BHARATI PRAVIN PAWAR)

(a) to (d): As per Sample Registration System Report 2019 of Registrar General of India, The Infant Mortality Rate (IMR) is 20 per 1000 live births in urban areas in comparison to 34 per 1000 live births in rural areas at national level.

The primary responsibility to provide adequate healthcare services in public health facilities across the country including rural areas lies with the State Governments. To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities. Currently, NRHM is a sub-mission of National Health Mission (NHM).

This support under NHM includes provision of a host of free services related to maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc. Mobile Medical Units (MMUs) and Telemedicine are also implemented with NHM support to improve healthcare access particularly in rural areas.

As part of Ayushman Bharat, the Government is supporting the States for strengthening Sub Centres and Primary Health Centres as Health and Wellness Centres (AB-HWCs) for

provision of comprehensive primary health care that includes preventive healthcare and health promotion at the community level with continuum of care approach. Further, Ayushman Bharat, Pradhan Mantri Jan ArogyaYojana (AB-PMJAY) provides health coverage up to Rs. 5.00 lakh per family per year as per Socio Economic Caste Census (SECC).

The States are also encouraged to adopt flexible norms for engaging specialists for public health facilities.

Financial support is also provided to States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc to engaged human resources to address the issue of shortage of doctors and specialists in the public health facilities.

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 Annual Programme Implementation Plan (APIP) submitted by States/ UTs to reduce Infant Mortality Rate. The details of interventions are placed at Annexure I.

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 has also been rolled out in the country for prevention of Rota-viral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) has been 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 implemented 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.
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.