

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

**LOK SABHA
UNSTARRED PARLIAMENT QUESTION NO. 1035
TO BE ANSWERED ON 22ND JULY 2022**

INFANT MORTALITY RATE AMONG SCHEDULED TRIBES

1035: DR. M.P. ABDUSSAMAD SAMADANI:

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

- (a) the present status of infant mortality rate among Scheduled Tribes (ST) in the country, State/UT-wise and year-wise since 2018;
- (b) the reasons and factors that influence the infant deaths among Scheduled Tribes;
- (c) the steps taken/proposed to be taken by the Government to reduce infant mortality rate;
- (d) whether the infant mortality rate is very high in the ST community and if so, the details thereof; and
- (e) whether the Government is planning to launch a new scheme to combat the problem of infant mortality in the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a): As per the latest National Family Health Survey (NFHS) – V (2019-21), the Infant Mortality Rate is 41.6 per 1000 live births among Scheduled Tribes (ST) in the country. The State/ UT wise details are - Arunachal Pradesh (1.9), Assam (33.9), Bihar (57.0), Chhattisgarh (58.0), Gujarat (31.9), Himachal Pradesh (20.8), Jammu & Kashmir (30.1), Jharkhand (44.4), Karnataka (28.7), Madhya Pradesh (41.3), Maharashtra (31.1), Manipur (23.2), Meghalaya (32.6), Odisha (55.9), Rajasthan (43.2), Telangana (39.6), Tripura (50.8), Uttar Pradesh (57.6), and West Bengal (26.7).

(b) to (e): As per Cause of Death Statistics 2015-17 report of Registrar General India, major causes of infant mortality in India are - Prematurity & low birth weight (37.0%), Pneumonia (15.5%), Birth asphyxia & birth trauma (10.4%), Other Non-Communicable Diseases (9.1%), Congenital anomalies (4.9%), Diarrheal diseases (4.9%), Acute bacterial sepsis and severe infections (4.7%), Fever of unknown origin (3.1%), Injuries (2.9%), Ill-defined or cause unknown (5.0%), and all Other Causes of deaths (2.5%).

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 is rolled out in the country for prevention of Rota-viral 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 Mukta 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.