

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2525**

**TO BE ANSWERED ON 11<sup>TH</sup> MARCH, 2016  
SUSTAINABLE DEVELOPMENT GOALS**

**2525. DR. SHASHI THAROOR:**

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

- (a) whether the Government is aware that the NITI Aayog in its report on the Healthcare System in India, has identified the slow progress of the health schemes/ programmes and if so, the details thereof;
- (b) the Government has taken any measures to identify the reasons for the slow progress of the said schemes/ programmes; and
- (c) if so, the details thereof along with the steps taken/being taken by the Government to expeditiously combat infant mortality, measles mortality and increase vaccine coverage among children so as to achieve the targets under the Sustainable Development Goals?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)**

- (a): Yes. The working paper published by NITI Aayog titled ,“Health System in India: Bridging the Gap between Current Performance and Potential” indicates that the Infant mortality rate has reduced by 50% in India during 1990-2012, while Nepal, Bangladesh and Cambodia have shown a decline ranging from 60-67% during the corresponding period.
- (b): The probable reasons are lack of manpower in the inaccessible areas, inadequate access to social determinants and limited private sector engagement.
- (c): The steps being taken by the government to combat infant mortality and increase vaccine coverage under the national Health mission are as under:
- 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 and no expense 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.
- 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.
- 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, annual deworming on National Deworming Day (NDD), home visitation by ASHAs to promote exclusive breast feeding and early detection and referral of sick newborns and promote use of ORS and Zinc for management of diarrhoea in children.
- VIII. To sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been prioritized for Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.