

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1377
TO BE ANSWERED ON 03rd MARCH, 2020**

RISE OF INFANT MORTALITY RATE IN INDIA

1377.SHRI HUSAIN DALWAI:

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

- (a) whether Government is aware that as per Sample Registration Survey Bulletin (2019), India's Infant Mortality Rate is higher than global average, if so, the details thereof;
- (b) the measures being taken by Government to address the same;
- (c) the data on Infant Mortality Rate, State/UT-wise, in value and in percentage, since 2014;
- (d) the prevalent schemes, State/UT wise and the budgetary allocation to welfare schemes for infants in the Budget 2020-21; and
- (e) whether Government has undertaken any study to assess the reasons why the prevalent schemes are not working, if so, details thereof, if not, reasons therefor?

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

(a) to (c): As per Sample Registration System Report released in May, 2019, Infant Mortality Rate is 33 per 1,000 live births in 2017 in comparison to global average of 30 per 1,000 live births in 2017 as per UN Inter-agency Group for Child Mortality Estimation report.

In order to address Infant mortality, the Government of India is supporting all States/UTs under National Health Mission in implementation of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy, which has following interventions:

1. Strengthening essential newborn care at all delivery points, establishment of Sick Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.
2. Home Based Newborn Care (HBNC) and Home-Based Care of Young Children (HBYC) by ASHAs to improve child rearing practices and to identify sick new-born and young children.
3. 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) in convergence with Ministry of Women and Child Development.

4. 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. 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 rolled-out as per road-map for achieving 90% full immunization coverage across the country.
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. Defeat Diarrhoea (D2) initiative has been launched for promoting ORS and Zinc use and eliminating the diarrhoeal deaths by 2025.
7. Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative for reduction of Childhood morbidity and mortality due to Pneumonia.
8. 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.
9. 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 “Rashtriya Bal Swasthya Karyakaram” (RBSK) to improve the quality of survival and to reduce out of pocket expenditure of families. District early intervention centre (DEIC) at district health facility level are established for confirmation and management of the 4D’s.
10. Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and awareness on maternal and child Health and nutrition education through mass and social media to improve healthy practices and to generate demand for service uptake.
11. 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.
12. 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 up to one year of age. Pradhan Mantri MatruVandana Yojana (PMMVY) is another maternity benefit programme under which cash incentive is provided to pregnant women and lactating mothers.

Infant Mortality Rate for the period 2014 to 2017 is placed at **Annexure**.

(d): Under National Health Mission, the support to children including infants is provided under Reproductive and Child Health Program. A total Rs. 5,648.82 Crore has been proposed for the year 2020-21 under Reproductive and Child Health Flexi pool (includes Routine Immunization, Pulse Polio Immunization, National Iodine Deficiency Disorders Control Programme and immunization kind grants).

(e): The Infant Mortality Rate (IMR) in the country has shown significant and consistent decline since the inception of National Health Mission due to diligent implementation of the schemes. Therefore, any study in this regard is not deemed necessary.

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S. N.	States	Status of Infant Mortality							
		2014		2015		2016		2017	
		Rate*	Percentage	Rate*	Percentage	Rate*	Percentage	Rate*	Percentage
	ALL INDIA	39	3.9	37	3.7	34	3.4	33	3.3
1	Andhra Pradesh	39	3.9	37	3.7	34	3.4	32	3.2
2	A&N Islands	22	2.2	20	2	16	1.6	14	1.4
3	Arunachal Pradesh	30	3	30	3	36	3.6	42	4.2
4	Assam	49	4.9	47	4.7	44	4.4	44	4.4
5	Bihar	42	4.2	42	4.2	38	3.8	35	3.5
6	Chandigarh	23	2.3	21	2.1	14	1.4	14	1.4
7	Chhattisgarh	43	4.3	41	4.1	39	3.9	38	3.8
8	D&N Haveli	26	2.6	21	2.1	17	1.7	13	1.3
9	Daman & Diu	18	1.8	18	1.8	19	1.9	17	1.7
10	Delhi	20	2	18	1.8	18	1.8	16	1.6
11	Goa	10	1	9	0.9	8	0.8	9	0.9
12	Gujarat	35	3.5	33	3.3	30	3	30	3
13	Haryana	36	3.6	36	3.6	33	3.3	30	3
14	Himachal Pradesh	32	3.2	28	2.8	25	2.5	22	2.2
15	J & K	34	3.4	26	2.6	24	2.4	23	2.3
16	Jharkhand	34	3.4	32	3.2	29	2.9	29	2.9
17	Karnataka	29	2.9	28	2.8	24	2.4	25	2.5
18	Kerala	12	1.2	12	1.2	10	1	10	1
19	Lakshadweep	20	2	20	2	19	1.9	20	2
20	Madhya Pradesh	52	5.2	50	5	47	4.7	47	4.7
21	Maharashtra	22	2.2	21	2.1	19	1.9	19	1.9
22	Manipur	11	1.1	9	0.9	11	1.1	12	1.2
23	Meghalaya	46	4.6	42	4.2	39	3.9	39	3.9
24	Mizoram	32	3.2	32	3.2	27	2.7	15	1.5
25	Nagaland	14	1.4	12	1.2	12	1.2	7	0.7
26	Odisha	49	4.9	46	4.6	44	4.4	41	4.1
27	Puducherry	14	1.4	11	1.1	10	1	11	1.1
28	Punjab	24	2.4	23	2.3	21	2.1	21	2.1
29	Rajasthan	46	4.6	43	4.3	41	4.1	38	3.8
30	Sikkim	19	1.9	18	1.8	16	1.6	12	1.2
31	Tamil Nadu	20	2	19	1.9	17	1.7	16	1.6
32	Telangana	35	3.5	34	3.4	31	3.1	29	2.9
33	Tripura	21	2.1	20	2	24	2.4	29	2.9
34	Uttar Pradesh	48	4.8	46	4.6	43	4.3	41	4.1
35	Uttarakhand	33	3.3	34	3.4	38	3.8	32	3.2
36	W. Bengal	28	2.8	26	2.6	25	2.5	24	2.4

Source: Sample Registration System of Registrar General of India ***Rate:** Per 1,000 Live Births