

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 2075
TO BE ANSWERED ON 15.12.2021

INCREASING INFANT DEATHS IN SOME STATES

2075 SHRI DEREK O' BRIEN:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the Ministry has taken note that Uttar Pradesh had the highest number of infant deaths per 1,000 births at 50, followed by Bihar (47), Chhattisgarh (44) and Madhya Pradesh (41);
- (b) whether any steps are being taken to tackle the same;
- (c) whether there are mechanisms to tackle effective monitoring of implementation of these, the details thereof; and
- (d) budget allocated for the same so far, the details thereof?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SMRITI ZUBIN IRANI)

(a) As per NFHS-5 (2019-2021), Infant Mortality Rate (IMR) trends in the State of Uttar Pradesh, Bihar, Chhattisgarh and Madhya Pradesh show improvement.

(b) In order to improve child health, 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 Program Implementation Plan (APIP) submitted by States/ UTs.

The interventions include:

Facility Based New Born Care-Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level and New-born Stabilization Units (NBSUs) established at First Referral Units (FRUs)/ Community Health Centres (CHC) for care of sick and small babies.

Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits by ASHAs are conducted 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 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.

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 Centre (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 diarrheal deaths.

Several capacity building programs of health care providers are conducted for improving maternal and child survival and health outcomes.

(c): The implementation of program under National Health Mission (NHM) has been regularly assessed, through external surveys such as, National Family Health Survey (NFHS) and Sample Registration System (SRS). Further, Common Review Mission (CRM), Integrated Monitoring Visits and State level reviews are also undertaken by Senior Officers to State/ UTs to review the programmatic progress.

(d): Financial details of State/UT wise Central Allocation under RCH Flexible Pool (including Routine Immunization, Pulse Polio Immunization Programme and National Iodine Deficiency Disorders Control Programme) to improve Maternal and Child Health under NHM for the F.Y. 2021-22 is placed at Annexure 1.

ANNEXURE-I

Statement showing details of State/UT wise Central Allocation under RCH Flexible Pool (including Routine Immunization, Pulse Polio Immunization Programme and National Iodine Deficiency Disorders Control Programme) under NHM for the F.Y. 2021-22

Sl. No.	States	Central Allocation (Rs. in crore)
1	Andaman & Nicobar Islands	7.25
2	Andhra Pradesh	214.72
3	Arunachal Pradesh	73.72
4	Assam	415.50
5	Bihar	447.36
6	Chandigarh	6.10
7	Chhattisgarh	184.75
8	Dadra & Nagar Haveli and Daman & Diu	11.39
9	Delhi	56.30
10	Goa	6.00
11	Gujarat	262.74
12	Haryana	94.51
13	Himachal Pradesh	88.55
14	Jammu & Kashmir	142.66
15	Jharkhand	188.59
16	Karnataka	262.57
17	Kerala	115.64
18	Lakshadweep	1.38
19	Madhya Pradesh	439.88
20	Maharashtra	462.93
21	Manipur	47.27
22	Meghalaya	50.11
23	Mizoram	27.05
24	Nagaland	34.58
25	Odisha	242.64
26	Puducherry	9.50
27	Punjab	103.38
28	Rajasthan	442.64
29	Sikkim	12.23
30	Tamil Nadu	264.24
31	Tripura	50.14
32	Uttar Pradesh	891.04
33	Uttarakhand	118.03
34	West Bengal	306.88
35	Telangana	153.63
36	Ladakh	28.43
Note:		
1. Allocation is as per original outlay/Budgetary Estimates		
2. The above data comprises of cash grant and kind grant allocation.		