UN Goals on infant morality

1917. SHRI A. ELAVARASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only six States in India are on course to meet the UN Millennium Development Goal of 26 deaths per 1000 live births according to the Child Mortality Report released by the National Institute of Medical Sciences (NIMS), ICMR and UNICEF India (country office);

(b) whether the report also provides evidence on key social and economic determinants for under-five mortality rate and the impact of maternal education on child survival;

(c) if so, the details thereof and the steps taken to meet UN goals on infant mortality?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The report "Infant and Child Mortality in India"- Levels, Trends and Determinants published by NIMS-ICMR and UNICEF mentions that among India's major states, six states namely Kerala and Tamil Nadu in the south, Maharashtra in the West, Punjab and Himachal Pradesh in the North and West Bengal in the Eastern part of India are likely to achieve MDG-4 target of U5MR below 39 by 2015. However, as per the latest SRS data on IMR and U5MR, a large number of states are on course to meet the UN MDG goal.

(b) and (c) As per the above said report, impact of key socio-economic determinants on Infant and Child mortality are as under:

> Infant mortality rate among children born to illiterate mothers has been, consistently higher than those born to mothers with any education. The estimate showed that the lowest mortality levels were seen among children born to women with more than 12 years of education and the highest were among those born to mothers with no education.
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> Children born in scheduled caste and scheduled tribe families have a significantly higher risk of dying than others.
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> All components of under-five mortality have an inverse association with economic status as measured by Standard of Living Index. However, during the period covered by the analysis, the decline in infant mortality

has been much steeper among the children born in low SLI households (37.5%), as compared to those born in high SLI households (10.7%).

Between 1981 and 2005, IMR and U5MR were consistently lower among children living in families who accessed drinking water from a safe source as compared to those who accessed drinking water from an unsafe source.

All components of Under-five mortality are higher for children in households that do not have access to a flush or pit toilet, in India as a whole.

Under National Rural Health Mission (NRHM), higher resources are being provided to the states and districts with week health indicators. Further, the following interventions are implemented to reduce Infant and Child mortality rates and to achieve MDG goals in the country:

(1) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is key to reducing both maternal and neo-natal mortality. JSY incentivizes pregnant women to opt for institutional delivery and provides for cash assistance. JSSK entitles all pregnant women to absolutely free and zero expense delivery including caesarean section operation in Government health facilities and provides for free to and fro transport, food, drugs and diagnostics. Similar entitlements have also been put in place for sick neonates.

(2) Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place to provide essential newborn care at birth to all new born babies; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are being set up for the care of sick newborn. As on date 399 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.

(3) Home Based Newborn Care (HBNC): Home based newborn care through ASHA has recently been initiated to improve new born care practices at the community level and for early detection and referral of sick new born

babies. The schedule of home visits by ASHA consists of at least 6 visits in case of institutional deliveries, on days 3, 7, 14, 21, 28 and 42nd days and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits will be made for babies who are pre-term, low birth weight or ill.

(4) Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of newborn at time of birth. These trainings include Integrated Management of Neo-natal and Childhood Illness (IMINCI) and Navjaat Shishu Surakshta Karyakaram (NSSK). A total of 5.5 lakh health care workers have been trained in IMNCI in 471 districts and 88,428 health workers trained in NSSK so far.

(5) Management of Malnutrition: Emphasis is being laid on reduction of malnutrition which is an important underlying cause of child mortality, 594 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition (SAM). Iron and Folic Acid is also provided to children for prevention of anaemia. Recently, weekly Iron and Folic Acid is proposed to be initiated for adolescent population. As breastfeeding reduces infant mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development.

(6) Village Health and Nutrition Days (VHNDs) are also being organized for imparting nutritional counseling to mothers and to improve child care practices.

(7) Universal Immunization Program (UIP): Vaccination against seven diseases is provided to all children under UIP. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs. UIP targets to immunize 2.7 crore infants against seven vaccine preventable diseases every year. 21 states with more than 80% coverage have incorporated second dose of Measles in their immunization program. Pentavalent

vaccine has been introduced in two states of Kerala and Tamil Nadu and proposed to be scaled up in six more states. Year 2012-13 has been declared as 'Year of intensification of Routine Immunization'.

(8) Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to enable tracking of; all pregnant women and newborns so as to monitor and ensure that complete services are provided to them. States are encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due and generate beneficiary-wise due list of services with due dates for ANMs on a weekly basis.

Besides the above, various programmes are being implemented by MORD, MOUD, HUPA, Department of school education and literacy, MWCD to address social and economic determinants of health like drinking water, sanitation, nutrition, education, women empowerment, poverty etc. that have a bearing on reduction of infant and child mortality.

Poor internet connectivity in CGHS dispensaries

1918. SHRI A. A. JINNAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that internet services in majority of CGHS Dispensaries in Delhi/New Delhi often remain out of order because of which the ailing CGHS beneficiaries face great hardship;

(b) if so, the remedial action Government proposes to take in the matter; and

(c) the steps Government propose to take to provide relief to beneficiaries in this respect?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) There is no major breakdown in internet connectivity on regular basis in CGHS dispensaries in Delhi/NCR. However, dispensaries issue medicines manually even in case of occasional breakdown in internet connectivity.

Nutritional deficiencies among women and children

1919. SHRI P. BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the attention of Government has been drawn to the news item