

**Infant mortality rate in Rajasthan**

†875. SHRI ASHK ALI TAK: Will the Minister of HEALTH AND FAMILY WELFARE be pleasec to state:

- (a) the national infant mortaily rate (IMR);
- (b) the IMR in Rajasthan during the last three years, year-wise; and
- (c) the details of the Central schemes to reduce the IMR along with the details of amount allocated to the State for this purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) As per the SRS 2011 report, Infant mortality rate of India is 44 per 1000 live births.

- (b) Infant mortality rate of Rajasthan for the last three years as follows:

Year	2009	2010	2011
IMR per 1000 live births	59	55	52

(c) Under National Rural Health Mission (NRHM), higher resources are being provided to the states and districts with weak health indicators. Further, the following programmes are implemented through RCH programme under NRHM umbrella to reduce Infant mortality rate 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 infants.
- (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

†Original notice of the question was received in Hindi.

Born Stabilization Units (NBSUs) at FRUs are being set up for the care of sick newborn. As on date 401 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.
- (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 (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK). A total of 5.88 lakh health care workers have been trained in IMNCI in 505 districts and 89,962 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. 605 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 has 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 counselling 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.

Second dose of Measles has also been incorporated in the universal Immunization programme and Pentavalent vaccine has also been introduced in 7 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.

A total of Rs 65.69 Crores have been allocated for implementing child health intervention in the state of Rajasthan during the Financial year 2012-13.

#### **Health related expenditure**

†876. SHRI JUGUL KISHORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the details of expenditure incurred on health by all the States including Uttar Pradesh during the last three years, year wise;
- (b) whether imbalance in health-related expenditure has resulted in commercialization of this sector; and
- (c) if so, what is Government's response thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The expenditure incurred by all the States including Uttar Pradesh during last three years on health, as per Reserve Bank of India, is as follows:

	(Rupees in billion)		
Items	2010-11	2011-12 (RE)	2012-13 (BE)
Medical & Public Health	424.86	530.79	617.98
Family Welfare	67.75	80.57	102.60
TOTAL	492.61	611.36	720.58

Source: Budget documents 2012-13 of State Governments

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