

Out of 24 identified JE endemic districts in Bihar, JE mass vaccination activity has been completed in 22 districts and JE vaccination has already been integrated as a part of routine immunization services. JE mass vaccination activity is currently ongoing in Saran and Darbhanga districts of Bihar.

A Special Campaign for JE vaccination was carried out in Muzaffarpur, Vaishali, Nalanda, Samastipur, East Champaran, Bhojpur, Nawada and Patna on 22nd and 23rd June, 2014 to cover missed out cases.

(e) and (f) During 2013-14, an amount of ₹ 16.88 crore was released to Government of Bihar for implementation of prevention and control strategy for JE/AES. For the current year, the State PIP has various activities including Strengthening of Sentinel sites, Information Education Communication/Behaviour Change Communication (IEC/BCC), capacity building, monitoring and supervision, procurement of insecticides, fogging machine, operational research and ICU establishment.

Under five mortality rate

230. SHRI M.P. ACHUTHAN:

SHRI D. RAJA:

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

(a) whether it is a fact that the country is not likely to achieve the Millennium Development Goals 4 (MDG4) target *i.e.* bringing down the under-five child mortality rate to 42 per 1000 live births by 2015 from the rate at 125, the level prevailed in 1990;

(b) if so, the latest official estimate of the country's under-five mortality rate; and

(c) the efforts being made to achieve the target by the end of the deadline 2015?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) No, India is likely to achieve MDG4 target of under-five mortality Rate of 42 per 1000 live births by 2015. Current rate of decline for under-five mortality is 6.7% annually in the country and at this sustained rate of decline, India will achieve MDGs target by 2015.

(b) As per Office of Registrar General of India SRS 2012 report, the under-five mortality rate is 52 per 1000 live births in the country.

(c) Under National Health Mission, the following interventions are being implemented to reduce under five mortality.

1. Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres (24X7) for round the clock maternal and newborn care services.

2. 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.
3. Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place; Special New Born Care Units (SNCUs) and New Born Stabilization Units (NBSUs) are also being set up at appropriate facilities for the care of sick newborn including preterm babies.
4. Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies.
5. Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of health care providers in essential newborn care, care of sick child with pneumonia, diarrhea and malnutrition.
6. Establishment of nutritional rehabilitation centres for management of severe acute malnourished children with medical complications.
7. Introduction of Rashtriya Kishore Swasthya Karyakram (RKSK) to reach adolescent population in their home spaces and introducing peer led intervention at the community level supported by augmentation of facility based services.
8. Introduction of Rashtriya Bal Swasthya Karyakram (RBSK) for screening of all the children upto eighteen years of age for defects, deficiencies, development delays and specific diseases. The programme also provides early interventions services and management of children needing surgical intervention at tertiary level facilities.
9. Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets to adolescent, pregnant and lactating women and children.
10. Strengthening of Universal Immunization Programme (UIP) for reducing vaccine preventable diseases.
11. Name Based Tracking of Pregnant Women and Children to ensure complete ante-natal, intra-natal and post-natal care and immunization services.