

(b) Revenue earning of the Ministry is as under:

1. ₹ 1.25 crores total upfront premium for 13 outsourced dental clinics.
2. ₹ 5 Lakhs- Annual Authorization Fee, increased by 5%, annually, for 13 outsourced dental clinics.

Payment made by CGHS to the outsourced agency-

(₹ in crores)

2011-12	2012-13	2013-14	Current year
5.60	7.59	6.64	4.20

(c) There is no such proposal.

Infant mortality in Karnataka

3675. SHRI BASAWARAJ P ATIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the districts in Karnataka having highest infant mortality and the details thereof; and
- (b) the steps taken by Central and the State Government to overcome this severe problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) As per Sample Registration System (SRS) 2012 report of Registrar General of India the Infant Mortality Rate (IMR) in Karnataka is 32 per 1000 live births. SRS reports does not provide information district-wise.

However, as per the Health Management Information System (HMIS) 2013-14, district-wise reported infant deaths and mortality rate in the State of Karnataka is given in the Statement (*See* below).

(b) Under National Health Mission, the following interventions are being implemented by Central and State Government to reduce Infant mortality,

- (i) **Newborn Care Corner (NBCC):** Newborn care corners are established in labour rooms and Operation Theatres in all the 24x7 PHCs, CHCs, Taluk Hospitals and District hospitals. NBCCs are provided with Radiant warmer, resuscitation bag, suction apparatus for immediate care of the newborn baby. The staffs are trained in Navjaat Shishu Suraksha Karyakram (NSSK) to provide care to newborn including resuscitation of an asphyxiated baby. Functional NBCCs have been established in the labour rooms of 882 PHCs, 187 CHCs, 146 Taluk Hospital and 33 District Level Hospitals in 2013-14.

- (ii) **New Born Stabilization Units (NBSUs):** There are 178 NBSUs have been established in all Taluka Hospitals and CHCs to take care of low birth weight babies and minor illnesses for the prevention of early death. Embrace warmers are provided for the prevention of hypothermia along with other facilities.
- (iii) **Special Newborn Care Units (SNCUs):** These units are established in District Hospitals including Medical College Hospital and major General Hospitals where the tertiary care is taken for the prevention of deaths within 24 hours by the paediatricians round the clock. There are 33 SNCUs functional in 29 districts of Karnataka. 20 SNCUs are functional in District Hospital and remaining 13 are functional in Medical college.
- (iv) **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. HBNC is being implemented in 16 Block (2 blocks in 7 'C' category districts and 2 in Chamarajnagar district) during 2011-12. Now, it has been scaled up in other blocks covering all the districts.
- (v) **Integrated Management of Neonatal and Childhood Illnesses (IMNCI):** IMNCI is being implemented in all the districts, covering 0-5 years population, wherein the Health Worker visit and examine the sick child with pneumonia, diarrhoea and malnutrition and refer them to the appropriate health centres for treatment.
- (vi) Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
- (vii) To tackle the problem of anaemia due to malaria particularly in pregnant women, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- (viii) Name Based Tracking of Pregnant Women to ensure complete antenatal, intranatal, postnatal care and children up to 2 years of age for completing immunization as per UIP schedule.
- (ix) Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal care services.
- (x) 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.

- (xi) Universal Immunization Programme covers about 13.5 crore children for vaccination against seven vaccine 'preventable diseases, through 90 lakh immunization sessions each year.
- (xii) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.
- (xiii) To overcome the shortage of specialists, Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills particularly in rural areas.
- (xiv) Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- (xv) Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.
- (xvi) As breastfeeding reduces infant mortality, early initiation and 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.
- (xvii) To sharpen the focus on vulnerable and marginalized populations in underserved areas, 184 High Priority Districts have been identified in the country for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.

Statement*District-wise Infant mortality in Karnataka, HMIS 2013-14**(Descending in order of Infant Mortality Rate)*

Sl. No.	Name of the District	Infant Mortality Rate, 2013-14	No. of Infant Deaths district wise in Karnataka, 2013-14
1	2	3	4
1.	Dharwad	28	990
2.	Raichur	26	928
3.	Koppal	22	652
4.	Mandya	22	405

1	2	3	4
5.	Bijapur	19	760
6.	Bidar	18	657
7.	Gulbarga	17	815
8.	Hassan	17	423
9.	Kodagu	17	125
10.	Shimoga	17	491
11.	Gadag	16	282
12.	Haveri	16	384
13.	Chamarajanagar	15	175
14.	Tumkur	14	603
15.	Yadgiri	14	441
16.	Chikkaballapura	13	252
17.	Chikmagalur	13	213
18.	Bagalkote	12	516
19.	Belgaum	12	1003
20.	Kolar	12	257
21.	Mysore	12	453
22.	Bellary	11	479
23.	Chitradurga	10	321
24.	Dakshina Kannada	10	266
25.	Davanagere	9	287
26.	Ramanagara	9	90
27.	Udupi	9	138
28.	Bangalore Rural	8	100
29.	Uttara Kannada	8	188
30.	Bangalore Urban	2	77
TOTAL			12771