

Highest infant mortality rate in India

637. SHRI BAISHNAB PARIDA: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether it is a fact that Infant Mortality Rate in India is the highest when compared with other developing countries in the world;
- (b) if so, the details thereof together with the reasons therefor; and
- (c) the action plan of Government to address this grave issue?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) and (b) The Office of Registrar General of India releases reliable estimates of Infant Mortality Rate (IMR) using data collected through Sample Registration System (SRS). According to the ORGI, the infant mortality rates, estimated as the number of deaths of children less than one year of age per 1000 live births, in India over the years are as follows:

Year	1990	1995	2000	2005	2009	2013
IMR	80	74	68	58	50	40

The above table shows that there has been a significant improvement in India's Infant Mortality Rate over the last two decades.

Details of Infant Mortality Rate for various developing countries for the years 2013 and 2015 are given in the Statement-I (*See* below). Most of the developing countries have lower Infant Mortality Rates as compared with that of India. Among the neighbouring countries of India; Afghanistan, Myanmar and Pakistan have higher rates of infant deaths when compared to India. In addition, India's position, in terms of Infant Mortality Rate, is far better than most of the African developing countries.

(c) The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country to reduce infant/child mortality:

- (i) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free and no expense ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
- (ii) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health

(RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.

- (iii) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.
- (iv) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and “Mission Indradhanush” has been launched to fully immunize more than 89 lakh children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.
- (v) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (vi) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (vii) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, annual deworming on National Deworming Day (NDD), home visitation by ASHAs to promote exclusive breast feeding and early detection and referral of sick newborns and promote use of ORS and Zinc for management of diarrhoea in children.
- (viii) Government of India has adopted the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) to improve maternal and child health outcomes. The RMNCH+A strategy recognizes that child health and survival is inextricably linked to women’s health across all life stages. Besides this, 184 high priority districts with relatively weaker status of maternal and child health indicators have been identified, for the intensification of RMNCH+A efforts.

*Statement**Details of Mortality rate, infant (per 1,000 live births) of Developing Countries*

Country	2013	2015
India	41	38
Afghanistan	70	66
Algeria	22	22
Angola	101	96
Bangladesh	34	31
Bhutan	30	27
Bolivia	33	31
Botswana	36	35
Brazil	14	15
Bulgaria	10	9
Cambodia	28	25
Cameroon	60	57
Central African Republic	96	92
Chad	88	85
China	11	9
Colombia	15	14
Comoros	58	55
Congo, Dem. Rep.	78	75
Cote d'Ivoire	71	67
Cuba	4	4
Djibouti	57	54
Dominica	19	20
Dominican Republic	27	26
Ecuador	20	18
Egypt, Arab Rep.	22	20
Ethiopia	45	41
Fiji	20	19
Gambia, The	49	48

Country	2013	2015
Georgia	12	11
Ghana	46	43
Guinea	65	61
Guinea-Bissau	65	60
Haiti	55	52
Indonesia	24	23
Iran, Islamic Rep.	15	13
Iraq	28	27
Jamaica	14	14
Jordan	16	15
Kazakhstan	15	13
Kenya	38	36
Kiribati	46	44
Korea, Dem. People's Rep.	22	20
Liberia	57	53
Libya	12	11
Malawi	47	43
Malaysia	6	6
Maldives	8	7
Mali	78	75
Mauritania	67	65
Mauritius	13	12
Mexico	13	11
Moldova	14	14
Mongolia	21	19
Morocco	26	24
Mozambique	61	57
Myanmar	42	40
Namibia	34	33
Nepal	32	29

Country	2013	2015
Niger	60	57
Nigeria	74	69
Pakistan	69	66
Panama	16	15
Papua New Guinea	47	45
Paraguay	19	18
Peru	14	13
Philippines	23	22
Romania	11	10
Rwanda	35	31
Senegal	43	42
Serbia	6	6
Sierra Leone	94	87
Solomon Islands	25	24
Somalia	90	85
South Africa	35	34
South Sudan	64	60
Sri Lanka	9	8
St. Lucia	13	13
St. Vincent and the Grenadines	17	17
Sudan	50	48
Swaziland	48	45
Syrian Arab Republic	12	11
Tajikistan	41	39
Tanzania	38	35
Tunisia	13	12
Turkey	13	12
Turkmenistan	46	44
Uganda	42	38
Ukraine	9	8

Country	2013	2015
Uzbekistan	36	34
Venezuela, RB	14	13
Vietnam	18	17
West Bank and Gaza	19	18
Yemen, Rep.	37	34
Zambia	47	43
Zimbabwe	49	47

Source: World Bank (<http://data.worldbank.org/indicator/SP.DYN.IMRT.IN>)

Demand for additional Anganwadi Centres

638. SHRI DEVENDER GOUD T.: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the details of demands from the States/UTs for setting up of additional Anganwadi Centres, State-wise;

(b) how many more Anganwadi Centres are required in the country, State-wise;

(c) whether there is any proposal before the Ministry to open additional AWCs; and

(d) if so, the details thereof, State-wise and if not, the reasons therefor?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) and (b) Under the 3rd phase of expansion of Integrated Child Development Services (ICDS) Scheme, 14 lakh Anganwadi Centres (AWCs) (including 20,000 Anganwadis on Demand (AoDs) and 1,16,848 Mini-AWCs) were approved. All the approved AWCs have been sanctioned to the States/UTs as per their demand and eligibility. At present, no AWC is available for sanction. State/UT-wise list of approved AWCs is given in the Statement (*See* below).

After sanction of 14 lakh approved AWCs to States/UTs, proposals are still being received for opening of new AWCs. Some of the proposals recently received are from: (1) Karnataka (788 AoDs), (2) Maharashtra (4675 AWCs) and (3) Uttarakhand (4 AWCs). However, this Ministry is unable to sanction any new AWCs as the approved 14 lakh AWCs have already been sanctioned.

(c) and (d) No, Sir. The reasons are as mentioned above.