

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 2069
TO BE ANSWERED ON 20.12.2023

UNDER 5 MORTALITY RATE

2069 SHRI SANJEEV ARORA:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) the details of under-5 mortality rate (U5MR) in the country State/UT-wise for last five years;
- (b) whether Government has any plan to incorporate Artificial Intelligence (AI) as a decision support system by physicians and care-givers to help in identification of high-risk births thereby reducing infant mortalities; and
- (c) if so, the steps taken by Government to reduce these numbers?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SMRITI ZUBIN IRANI)

(a)to (c) The data on death of children under the age of five years is maintained by Ministry of Health and Family Welfare. State/UT-wise Under 5 Mortality Rate (U5MR) for last five years is placed at Annexure I.

The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Programme Implementation Plan (APIP) submitted by States/ UTs. All the interventions to reduce child morbidity and mortality are being implemented universally in all the States/UTs with focus on tribal and marginalised population without any discrimination on gender, caste and religion. The key interventions of MoHFW to reduce the U5 Mortality Rate in the country *inter alia*, are placed at Annexure II.

ANNEXURE I

ANNEXURE REFERRED IN REPLY TO PART (a) of RAJYA SABHA UNSTARRED QUESTION NO. 2069 FOR 20.12.2023 REGARDING “UNDER 5 MORTALITY RATE” ASKED BY SHRI SANJEEV ARORA, M.P.

State/UT-wise Under 5 mortality rate (U5MR) for last five years:

Status of Under 5 Mortality Rate (U5MR) at National level/States/UTs *					
	2016	2017	2018	2019	2020
India	39	37	36	35	32
Andhra Pradesh	37	35	33	31	27
Assam	52	48	47	43	40
Bihar	43	41	37	34	30
Chhattisgarh	49	47	45	44	41
Delhi	22	21	19	13	14
Gujarat	33	33	31	28	24
Haryana	37	35	36	31	33
Himachal Pradesh	27	25	23	23	24
Jammu & Kashmir	26	24	23	21	17
Jharkhand	33	34	34	31	27
Karnataka	29	28	28	26	21
Kerala	11	12	10	9	8
Madhya Pradesh	55	55	56	53	51
Maharashtra	21	21	22	21	18
Odisha	50	47	44	43	39
Punjab	24	24	23	21	22
Rajasthan	45	43	40	41	40
Tamil Nadu	19	19	17	16	13
Telangana	34	32	30	26	23
Uttar Pradesh	47	46	47	48	43
Uttarakhand	41	35	33	30	26
West Bengal	27	26	26	24	22
*Source: Sample Registration System (SRS) Report of Registrar General of India 2020 Report					

ANNEXURE REFERRED IN REPLY TO PART (c) of RAJYA SABHA UNSTARRED QUESTION NO. 2069 FOR 20.12.2023 REGARDING “UNDER 5 MORTALITY RATE” ASKED BY SHRI SANJEEV ARORA, M.P.

Key interventions of MoHFW to reduce the U5 Mortality Rate in the country:

- Facility Based New-born Care: Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- Community Based care of New-born and Young Children: Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- Rashtriya Bal Swasthya Karyakram (RBSK): Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.
- Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2) initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- Capacity Building: Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.