

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 1587
TO BE ANSWERED ON 12.03.2025

CHILD MORTALITY IN THE COUNTRY

1587 SHRI A. A. RAHIM:

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

- (a) the latest data on child mortality rates across the States, along with National averages;
- (b) the States that have shown significant improvement in reducing child mortality over the last five year, and the key factors behind their success; and
- (c) whether Government is considering adopting best practices from successful States to improve child survival rates across the country?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SAVITRI THAKUR)

(a) to (c) The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in implementation of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH + N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States / UTs. The details of interventions to improve child survival all across the country are placed at Annexure I.

The data on early childhood mortality (i.e. deaths below 5 years of age) is maintained by Ministry of Health and Family Welfare. As per the latest available report of Sample Registration System (SRS) 2020 report of Registrar General of India, Under 5 Mortality Rate (U5MR) (i.e. deaths below 5 years of age) is 32 per 1000 live births at National level. The State wise details of early childhood mortality (i.e. deaths below 5 years of age) in children, over the last five years, are provided at Annexure – II.

Moreover, Ministry of Women and Child Development has implemented Mission Saksham Anganwadi and Poshan 2.0 with the objectives to contribute to the development of human capital since the conception of the child till he/she attains six years of age. The other objective is to address challenge of malnutrition and promote nutrition awareness for sustainable health and wellbeing.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and

wellness through AYUSH practices to reduce prevalence of wasting, stunting, and being underweight.

Under this mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during PoshanMaahs and PoshanPakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

ANNEXURE REFERRED IN REPLY TO PART (C) OF RAJYA SABHA QUESTION NO. 1587 FOR 12.03.2025 REGARDING "CHILD MORTALITY IN THE COUNTRY" ASKED BY SHRI A. A. RAHIM

The details of interventions to improve child survival all across the country are as follows:

Facility Based New-born Care: Neonatal Intensive Care Units (NICUs)/ Special New-born Care Units (SNCUs) are established at Medical College and District Hospital, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

Kangaroo Mother Care (KMC) is implemented at facility and community level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.

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 for referral to health facility.

Janani Shishu Suraksha Karyakram (JSSK): Sick infants up to one year of age are entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.

Mothers' Absolute Affection (MAA) Programme is implemented to improve breastfeeding coverage in children which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.

Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative has been implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.

STOP Diarrhoea initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.

Rashtriya Bal SwasthyaKaryakram (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 SwasthyaKaryakram (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.

Nutrition Rehabilitation Centers (NRCs) are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.

Anemia Mukta Bharat (AMB) Programme is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and

lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.

Lactation Management Centres: Lactation Management Units (LMU) are facilities established to provide lactation support to mothers to facilitate expression of mother's own milk and Comprehensive Lactation Management Centres (CLMC) are established to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.

Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).

Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including nutrition in convergence with Ministry of Women and Child Development.

Annexure-II

ANNEXURE REFERRED IN REPLY TO PARTS (A and B) OF RAJYA SABHA QUESTION NO. 1587 FOR 12.03.2025 REGARDING "CHILD MORTALITY IN THE COUNTRY" ASKED BY SHRI A. A. RAHIM

The State wise details of early childhood mortality (i.e. deaths below 5 years of age), as per the Sample Registration System (SRS) Reports of Registrar General of India are as follows:

Year	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