

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:10
ANSWERED ON:01.12.2004
CHILD MORTALITY RATE
Mahtab Shri Bhartruhari

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

- (a) whether child mortality has increased because of diphtheria and measles;
- (b) if so, the steps taken to bring down the infant mortality rate to zero level;
- (c) whether too much focus on the polio programme has resulted in the neglect of other vaccine preventable diseases in the country;
- (d) if not, the reasons for the non-decline of IMR; and
- (e) the steps taken to improve the health of the infants in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 10 FOR 1ST DECEMBER, 2004

(a) There is no evidence that child mortality has increased because of diphtheria and measles. In fact child mortality has declined from 26.3 in 1990 to 20.4 in 1999 as per the latest report of Registrar General, India.

(b)to(e): The infant mortality rate (IMR) has declined from 80 in 1990 to 63 in 2002 as per the latest report of Registrar General, India. The major causes of IMR are:-

- i) Pre-maturity
- ii) Pneumonia
- iii) Respiratory infection
- iv) Congenital malformation
- v) Anemia
- vi) Diarrhea of new born
- vii) Birth injury
- viii) Tetanus Neo-natorum
- ix) Diarrhea and gastroenteritis
- x) Convulsions

The additional steps taken for Polio eradication have led to no neglect of other vaccine preventable disease interventions in the country. The infant mortality rate (IMR) has declined from 80 in 1990 to 63 in 2002 as per the latest report of Registrar General, India.

The following interventions are being implemented in order to reduce the infant mortality rate (IMR) in the country.

Interventions under Maternal Health

1. Essential obstetric care including antenatal check-up, safe delivery services and post natal care.
2. Emergency obstetric care.
3. Provision of contractual staff like Laboratory Technician, Public Health Nurses and additional Auxiliary Nurse Midwife (ANMs).
4. Hiring of Anesthetists and Safe Motherhood consultants for provision of emergency obstetric care and safe abortion services, etc.
5. Provision of drugs and equipment at sub-centers, primary health centers, community health centers/first referral units.

6. A scheme for 24 hour delivery services at selected primary health centers and community health centers.
7. Provision of funds for Referral transport for pregnant women belonging to indigent families, through Panchayats.
8. Facilities and training for medical termination of pregnancies for safe abortions.
9. Prevention, management and control of Reproductive Tract Infections (RTI)/Sexually Transmitted Infections(STI)
10. Intensification of Information, Education and Communication (IEC) Programme for Maternal and Child Health through the mass media as also decentralized local specific activities at the grassroot level.
11. Involvement of NGOs in awareness generation and service delivery where government services are not adequate.
12. Training of medical/paramedical and other services providers.
13. National Maternity Benefit Scheme
14. Training of Dais
15. RCH Camps in remote and underutilized Primary Health Centers particularly in EAG States.

Intervention under child Health

1. Strengthening of routine immunisation with focus on Measles vaccination of children and Tetanus Toxioid (TT) vaccination to pregnant women.
2. Promotion of breast feeding
3. Promotion of Oral re-dehydration therapy for control of diarrhoeal disease.
4. New born care including management of acute respiratory infections.