



**Millennium Development Goal 4:**

# **Reducing Child Mortality**

# ACKNOWLEDGEMENTS

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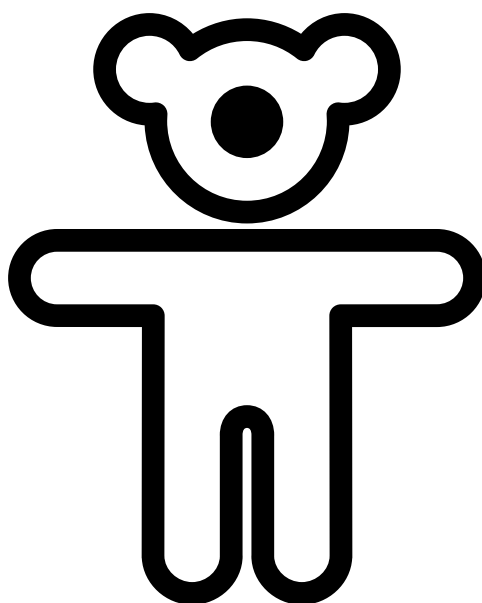
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## Millennium Development Goal 4: Reducing child mortality

World over, child mortality rates have been steadily declining despite an overall increase in the global child population. **Globally, the under 5 mortality rates (U5MR) have declined by 50%, from a staggering 12.6 million deaths in 1999 to around 6.6 million deaths today.**<sup>[1]</sup> Dedicated efforts in the form of policy interventions, project implementations and contributions of multi lateral agencies and civil society stakeholders have ensured that fewer children are dying today due to chronic illness brought on by debilitating levels of poverty and lack of proper health care facilities for both mother and child.

While improved post-natal care has ensured a reduction in deaths related to infectious diseases, inadequate antenatal and neonatal medical attention has led to a sharp rise in the proportion of neonatal deaths contributing to the total number of under 5 deaths (occurring due to serious birth defects and other congenital conditions): in 2012, **44% of all under 5 deaths occurred during the neonatal period.**<sup>[1]</sup>

Despite all the gains made in reducing child mortality rates globally, **four out of every five deaths of children under age 5 occur in the sub-Saharan Africa and Southern Asia regions**<sup>[1]</sup> – it seems that poverty and female illiteracy continue to play their part in derailing the progress that some parts of the world have made over the past few decades.



1. Under five mortality rate



2. Infant mortality rate



3. Proportion of one year old children immunized against measles

## Definitions



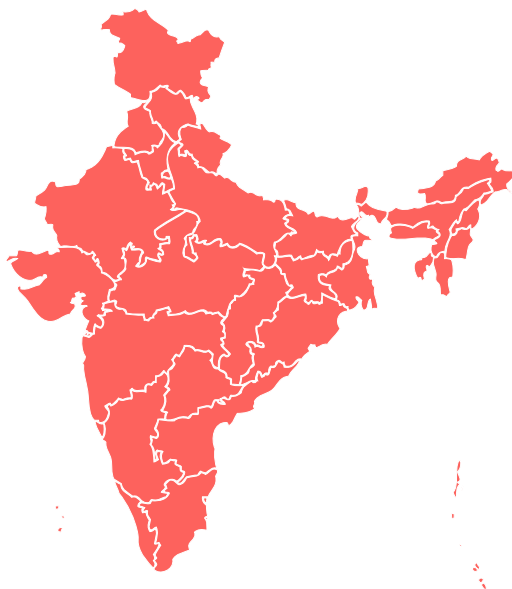
**Under 5 mortality rate (U5MR)** - the number of children under five years old who die in a year, per 1,000 live births in the same year.

**Infant Mortality rate (IMR)** - number of deaths under one year of age occurring among the live births per 1,000 live births occurring among the population of the given geographical area during the same year.

**Neonatal Mortality Rate (NMR)** - the number of children who die within the first month of birth per 1,000 live births in the same year.

## Progress on MDGs

India is likely to fall short of achieving the MDG 4 by 2015, despite its relative success in reducing child mortality:



Rate Of Decline - 2000 to 2014

**NMR** 34% **IMR** 54% **U5MR** 69%

Goal



39

Achieved



52



The target for reducing Under 5 mortality rate (U5MR) was 39 deaths per 1000 births. India has succeeded in reducing the IMR to 52.<sup>[2]</sup>

Goal



27

Achieved



42



The target for reducing Infant mortality rates (IMR) was 27 deaths per 1000 births whereas the current IMR stands at 42.<sup>[2]</sup>

Achieved



74%

Goal



100%



The target for immunising children against measles was 100% whereas India has managed an immunization rate of only 74%.<sup>[2]</sup>

## India's performance on MDG 4



India is home to the largest child population in the world accounting for nearly 20% of the global child population. And yet, child health statistics in India seem to suggest that many of our children are being denied even the most basic medical care and the right to a healthy childhood. **Nearly 50% of children in India are malnourished and make up one third of the global malnourished child population. Of the 26 million children born in India every year, about 1.36 million die before they turn 5 years old.**<sup>[3]</sup>

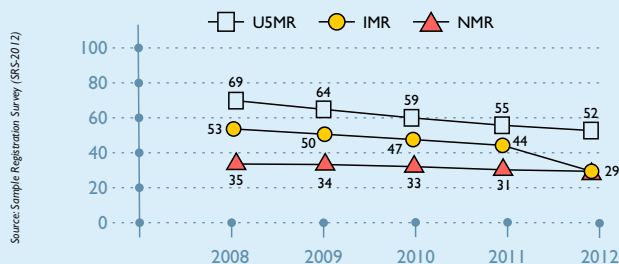
Further, nearly 1 in 5 deaths of children under 5 in India (**19%**) takes place on the day a child is born. **NMR** accounts for **69%** of IMR and **56%** of U5MR deaths in the country.<sup>[4]</sup>

**India is unlikely to meet the MDG 4 targets by the 2015 deadline.** The under 5 child mortality rate (U5MR) currently stands at 52 deaths for every 1000 live births in India. Though this signifies a vast improvement from an U5MR of 125 in 1990, the country would still fall short of the target of an U5MR of 39. However, this still means that **India accounts for nearly 20% of all under 5 deaths globally.**<sup>[5]</sup> To put this in perspective, the U5MRs in **Bangladesh and Brazil** are 41 and 14 respectively. Though India may have come a long way in reducing its U5MR, too many of our children continue to die before their 5<sup>th</sup> birthday.

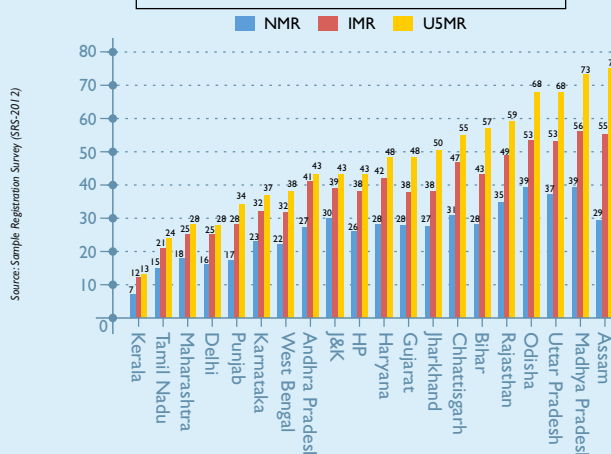
The gender dimension of this child health parameter clearly establishes the undeniable link between gender and survival in India: **though the infant mortality sex ratio in India in 2012 was 97 male infant deaths to 100 female infant deaths, the child mortality sex ratio reverses this trend in favour of the boys – 131 female child deaths for every 100 male child deaths.**<sup>[4]</sup> In a patriarchal society like India where boys are favoured infinitely more than girl children, and afforded better nutrition and health care, gender continues to remain a defining factor for a child's survival.

India accounts for nearly 50% of all measles death worldwide with Indian children accounting for more than one third of global deaths due to measles. Ironically, **though India achieved 26% reduction in measles mortality between 2000 and 2010, its contribution to the percentage of global measles deaths increased from 16% in 2000 to 26% in 2010, suggesting a sharper decrease in the contribution of other countries.**<sup>[6]</sup> India's success in battling polio through an intensive and meticulous immunization drive should be replicated in its battle against measles related deaths and similar large-scale and sustained public intervention is required to hasten the pace and coverage of measles immunization.

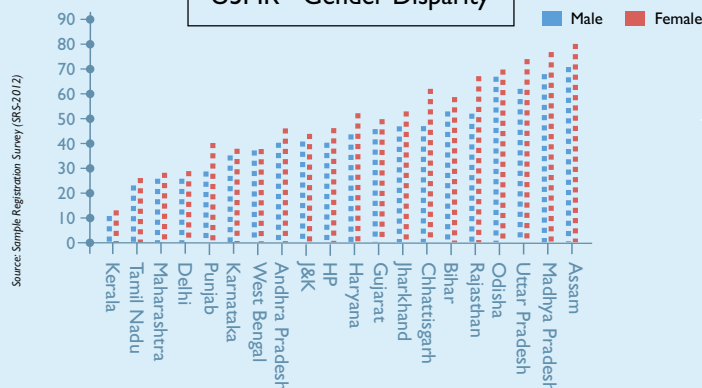
## India's progress on IMR, NMR and U5MR



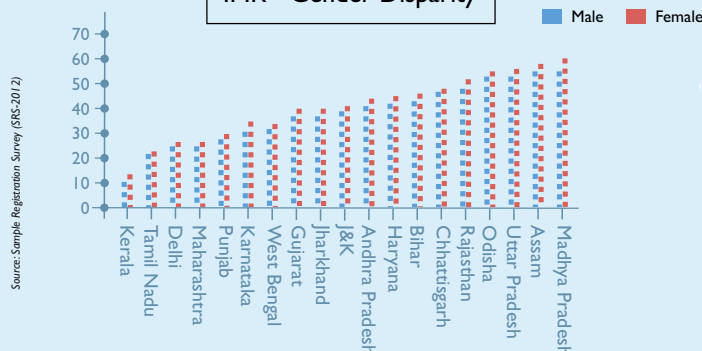
## NMR, IMR & U5MR - State-wise



## U5MR - Gender Disparity



## IMR - Gender Disparity



All India



**U5MR**

**49** Male  
**56** Female

**IMR**

**41** Male  
**44** Female

## India's efforts to save our children



The Indian government has demonstrated commendable political will to mobilise efforts towards reducing child and infant mortality rates in India. **The National Rural Health Mission (NRHM)** has achieved a fair amount of success in providing mothers and children access to better health care facilities like community health care centres that have played a vital part in improving the rate of institutional deliveries (delivery that happens in a health care facility). Under the NRHM, many initiatives such as the **Child Health Screening and Early Intervention Services Programme (Rashtriya Bal Swasthya Karyakram, 2013)** and **Mother and Child Protection Programme (Janani Shishu Suraksha Karyakram)**, **The Integrated Management of Neonatal and Childhood Illness (IMNCI)**, **Navjaat Shishu Suraksha Karyakram (NSSK)** have ensured that pregnant women and newborn babies, even in remote rural areas, have access to free and good quality antenatal and neonatal care.

Maternal and child health should be regarded as part of a larger lifecycle while the approach to maternal and child health in India has largely been piece meal and ad hoc. However, recent initiatives like the **RMNCH+A framework** (reproductive, maternal, newborn, child and adolescent health) look at this issue more holistically, taking into account the underlying interdependence of reproductive and child health parameters.

## Inter-state inequalities



Given the intra country disparities that exist among the states, it seems that apart from gender, the other determinant of a child's survival in India is its place of birth. Some states like **Kerala, Tamil Nadu, Punjab and West Bengal have achieved an U5MR that is even lower than the national average** improving the chance of survival for an infant born there. However, states such as **Bihar, Chhattisgarh, Jharkhand, Uttar Pradesh, Madhya Pradesh and Odisha that have traditionally recorded low levels of human development - including high levels of female illiteracy and poverty - continue to lag behind even in the case of child health and mortality.** Given the established link between female literacy and improved maternal and child health, this is not surprising.

The intra state inequalities manifested in the difference of child mortality rates between the urban and rural areas further highlight the issue of access to adequate and affordable health care facilities. **Without a single exception, the child mortality rates in rural areas in India across all states are noted to be higher than in the urban areas.**

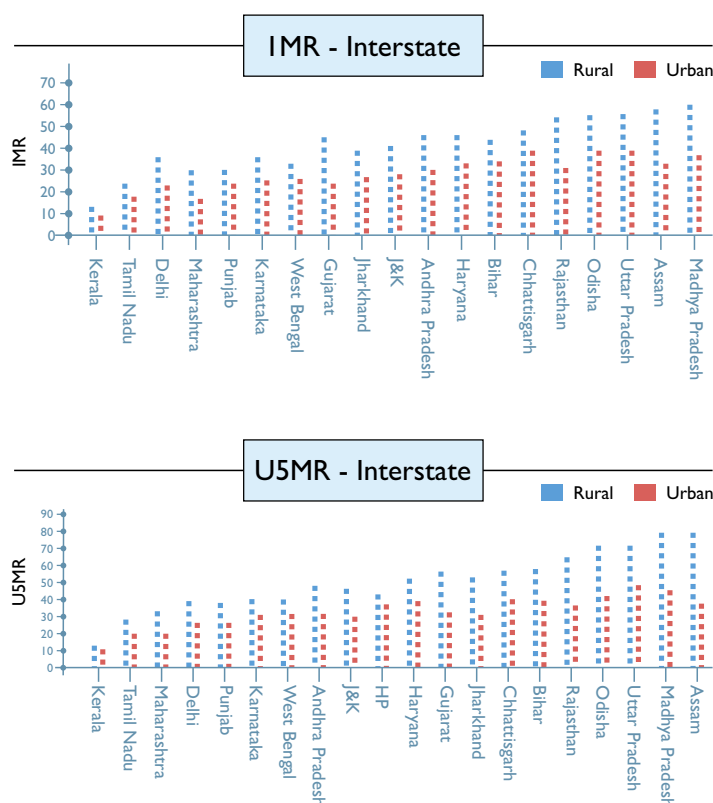


**U5MR**

**58** Rural  
**32** Urban

**IMR**

**46** Rural  
**28** Urban



Source: Sample Registration Survey (SRS-2012)



Ensure equitable healthcare



Adopt a more broad-based approach



Provide better antenatal care



Urgently address preventable causes that lead to child deaths



Address regional inequalities and their underlying causes

- Increase the national budget allocation on health to 5 percent of GDP in keeping with WHO guidelines for developing countries to ensure equitable healthcare for all
- Close the inequity gap in healthcare for the poorest and most marginalized in the country. Address the underlying causes of newborn mortality such as inequities of geography, gender, education, caste, class and social determinants of health through broad based social upliftment of programmes/schemes
- Develop policies and programmes to ensure the availability of skilled frontline healthworkers especially where it is needed the most. Enhance the skills of the healthcare providers through trainings, supportive supervision and fill the existing gap
- Ensure provision of assured package of services (with zero out of pocket expenditure) at all levels of care (in health system) in line with the continuum of care approach as defined in RMNCH+A framework for every mother and child
- Increase coverage of Routine Immunisation by intensifying efforts to provide services to children in the High Priority Districts (HPDs)
- Establish an independent, convergent body to anchor nutrition at the national level and Nutrition Missions at the state level aimed at tackling malnutrition through targeted programmes and rigorous monitoring.

### Top & Bottom 3 States

HIGH		
IMR	U5MR	NMR
Madhya Pradesh (59)	Assam (78)	Madhya Pradesh (39)
Odisha (57)	Madhya Pradesh (77)	Odisha (39)
Uttar Pradesh (57)	Uttar Pradesh (73)	Uttar Pradesh (27)

LOW		
IMR	U5MR	NMR
Manipur (11)	Kerala (13)	Delhi (16)
Goa (11)	Tamil Nadu (25)	Tamil Nadu (15)
Kerala (12)	Maharashtra (28)	Kerala (7)

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