

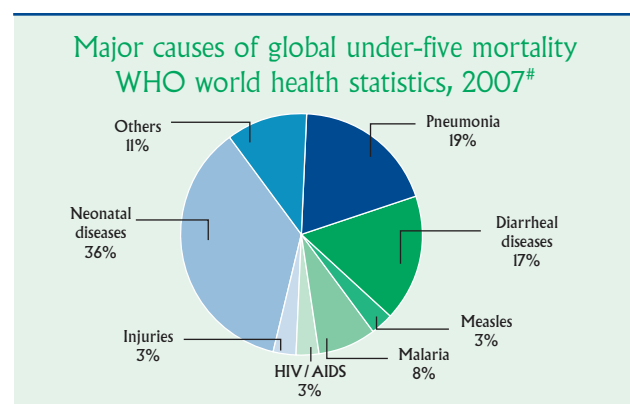
Child Health in India

Infant and under-five child mortality rates are often used as indicators of national health development. In India over the last 35 years, the rate of deaths to infants under one year of age has more than halved from 129 per 1000 live births in 1971 to 57 in 2006*. Under-five child mortality has declined by one-third from 109 per 1000 live births in 1991-92 to 74 in 2005-06†. Despite this progress, current child mortality rates in India are high compared to other countries of similar socio-economic conditions.

The National Rural Health Mission aims to reduce the Infant Mortality Rate to 30 per 1000 live births by 2012. This will require a further halving of infant mortality in a relatively short period of time. Though ambitious, this goal can be achieved with intensive efforts to scale up evidence-based child survival interventions backed by strong leadership, effective program management, and increased human and financial resources.

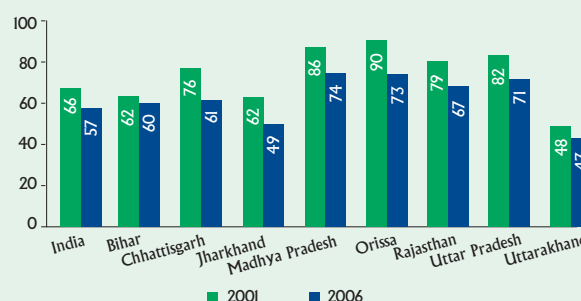
Did you know?

- 1.5 million children die in India each year before their first birthday‡.
- 1 in 5 deaths to children under 5 years of age throughout the world each year occurs in India‡.
- 2.4 million children under 5 years of age die annually‡.
- Every minute, 3 infants under 12 months and 4-5 children under 5 years of age die in India.



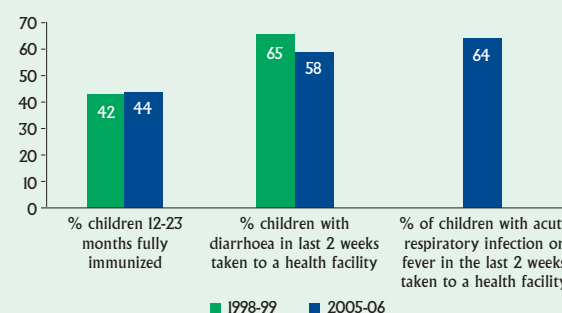
- The main killers of children are diarrhea, pneumonia, neonatal diseases and malaria globally#.
- Two-thirds of deaths to children are preventable using simple, cost effective interventions.
- The Infant Mortality Rates in most of the EAG states of the country are higher than the national average*. Madhya Pradesh, Rajasthan, Orissa, and Chhattisgarh have the highest rates in the country.

Infant Mortality Rate, 2001 & 2006,
India and EAG states, SRS



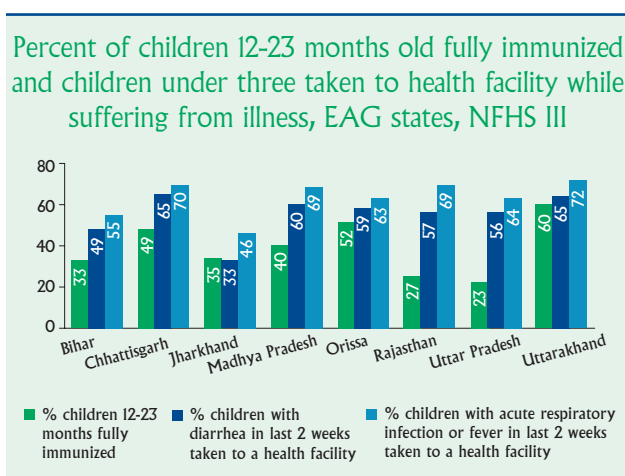
- Universal immunization among children against vaccine preventable disease is crucial to reduce infant and child mortality.

Percent of children 12-23 months old fully immunized and children under three taken to health facility while suffering from illness, NFHS II & III



- Only 44% of children 12 – 23 months of age are fully immunized. Universal immunization rates have only improved by 2 percentage points in the last 6 years†.

- There is substantial drop out in immunization coverage. Whereas 78% of children received BCG vaccine, only 58% of children were given measles immunization[†].
- Health seeking behavior for childhood illnesses are far from satisfactory. Only half of the children who suffered from diarrhea are taken to a health facility for treatment[†].
- Only two out of three children suffering from acute respiratory infection or fever are taken to a health facility for treatment[†].
- Though there has been significant improvement in full immunization coverage in some of the states such as Bihar, Jharkhand, Chhattisgarh and Uttarakhand, still most of the EAG states have lower coverage than the national average[†].



What we know that works

- About two-thirds of child deaths could be prevented by interventions that are available today and are feasible for implementation. There is no need to wait for new vaccines, new drugs or new technology[€].
- Effective child survival interventions include promoting breastfeeding, complementary feeding, water sanitation and hygiene, vitamin A and zinc supplementation, measles vaccine, antibiotics

for pneumonia and sepsis, and oral rehydration therapy during diarrhea[±].

- Ensuring child survival interventions reach and benefit the most vulnerable children, especially the poor and marginalized[¶].

What more needs to be done?

- Enhancing capacity to use information to support child-health programs.
- Establishing strong and unified leadership at national and sub-national levels.
- Strengthening health systems for sustainable gains in child survival.
- Adequate and targeted resources to rapidly scale up child survival interventions while assuring quality of care.
- Generating awareness and commitment beyond the public-health community to mobilize support for child survival interventions.

References

^{*}Sample Registration System, Registrar General of India, New Delhi, 2001 and 2006.

[†]Estimate based on the project population of India by the Technical Group on Population Projection, RGI, India, 2008.

[‡]Black, Robert E, S. Morris, and J. Bryce, "Where and Why are 10 Million Children Dying Every Year?" *Lancet, Child Survival* 1, 2003, 361: 2226-34.

[¶]WHO Measuring Child Mortality, (http://www.who.int/child_adolescent_health/data/child/en/)

[€]Bellagio Study Group on Child Survival, "Knowledge into Action for Child Survival" *Lancet Child Survival*, 2003, 362: 323-27.

^{††}National Family Health Survey (NFHS 3), 2005 - 06, India: Volume I, International Institute for Population Sciences, Mumbai, September 2007.

[±]Gareth Jones, Richard W Steketee, Robert E Black, Zulfiqar A Bhutta, Saul S Morris, and the Bellagio Child Survival Study Group. "How many child deaths can we prevent this year?" *Lancet Child Survival*, 2003, 362: 65-71.

^{¶¶}Cesar G Victora, Adam Wagstaff, Joanna Armstrong Schellenberg, Davidson Gwatkin, Mariam Claeson, Jean-Pierre Habicht. "Applying an equity lens to child health and mortality: more of the same is not enough." *Lancet Child Survival*, 2003, 362: 233-41.

For further information, contact: mchstar@gmail.com

This fact sheet is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this fact sheet are the sole responsibility of Emerging Markets Group Ltd. and do not necessarily reflect the views of USAID or the United States Government.