

2011

Status of Child Mortality in Madhya Pradesh

Analysis of Annual Health Survey 2010-11

This document has been prepared on the basis of data released by Annual health survey 2010-11. First time Annual health survey releases district wise data of IMR, U5MR, NMR, and MMR of 8 Empowered Action Group states (Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan) and Assam.

In this document we critically analyze the data and compare it with the target of Millennium Development Goal which we have to achieve till the year 2015.



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Background

Latest released data of Annual health survey shows the shocking results in context of Infant Mortality Rate (IMR), Child Mortality Rate (CMR/U5MR) and Neo Natal Mortality Rate (NMR). In all EAG (Empowered Action Group) states Madhya Pradesh stated first or second among all. The situation of Madhya Pradesh is very grim. This survey also revealed that female infants experience higher mortality than males. Also in List of top 100 districts in order of IMR Madhya Pradesh contributed 30 districts in this list. Also in List of 57 common districts featuring in top 100 districts in order of Infant Mortality Rate and top 25 administrative divisions in order of Maternal Mortality Ratio Madhya Pradesh contributed 11 districts.

Situation of Madhya Pradesh in child health

Madhya Pradesh	Infant Mortality rate (IMR)	Under five Mortality Rate (U5MR)	Neonatal Mortality Rate (NMR)
Rural	72	99	49
Urban	50	62	32
Total	67	89	44

Infant Mortality in Madhya Pradesh

Infant Mortality Rate

Infant Mortality Rate (IMR) denotes the number of infants deaths (age below one year) per 1000 live births. According to first time released Annual Health survey 2010-11, Infant mortality rate in Madhya Pradesh is 67, which is worse than Bangladesh (41), Ghana (47), Zimbabwe (56), Myanmar (57), Botswana (43), and other Saharan countries, and it is equal to Ethiopia.

Panna ranks highest among all districts with 93 deaths per thousand live births. First five districts having highest IMR are Panna (93), Satna (90), Damoh (80), Guna & Ashoknagar (79) and Raisen (78). Mandla and Sidhi (37) have lowest among all the districts of Madhya Pradesh.

In Madhya Pradesh Female infant mortality rate is higher in 32 districts than male infant mortality rate. The highest difference between male and female infant deaths can be seen in Guna & Ashoknagar (Female IMR is 94 and Male IMR is 67). The IMR of Panna is highest in all but the male infant deaths are higher as compared to female infant deaths.

Among all divisions of Madhya Pradesh the IMR of Sagar division is highest with 47 deaths per thousand live births and it has been followed by Shahdol (44) and Rewa division (37). The main reason for highest IMR of Sagar division may be because it comes under Bundelkhand region, this region still is predominantly feudal, high levels of caste and gender discrimination, and also prone to drought.

It has been an upper caste dominated, Dacoit-infested region where girl-child is very much neglected, at times to the extent of infanticide. This region has been in need for larger socio-political-economic intervention for improving the status of child health indicators and malnutrition. Distress migration due to consecutive drought in the region in last 10 years has become a regular phenomenon in the life of Bundelkhand people.

In India Madhya Pradesh ranks highest in Infant mortality rate, following Orissa with 65 IMR, Uttar Pradesh with 63 IMR and Assam and Bihar with 61 IMR respectively. The best performing states are Kerla and Goa with 11 and 12 IMR respectively. In all EAG (Empowered Action Group) states 76% of districts fall in range 45-59 and 60-74 of IMR. But specifically in Madhya Pradesh 28 districts (62% district) falls in range of 60-74 IMR.

First time available district wise data shows that there has been a strong need of the district-wise mapping and situation analysis for the positive outcome oriented interventions; which was not met at all.

Infant Mortality Rate – District wise scenario

District	Total	Male	Female	Rank
Panna	93	96	90	1
Satna	90	87	94	2
Damoh	80	72	89	3
Guna & Ashoknagar	79	67	94	4
Raisen	78	77	80	5
Shahdol & Annuppur	77	82	71	6
Datia	75	67	84	7
Sheopur	74	69	78	8
seoni	73	69	77	8
sagar	73	71	70	9
Rewa	73	73	74	9
Sidhi & Singrouli	72	56	89	10
Dindori	72	69	74	10
Chhindwada	72	69	75	10
vidisha	72	71	73	10
Chhtarpur	72	71	72	10
Shivpuri	71	67	76	11
Mandla	71	67	75	11
Katni	70	69	72	12
Sehore	70	74	65	12
Badwani	69	68	70	13
Jhabua & Alirajpur	68	68	69	14
East Nimar & Burhanpur	68	69	68	14
Narsimhpur	68	66	71	14
Hoshangabad	68	67	69	14
Betul	68	66	70	14

Tikamgarh	67	65	69	15
Balaghat	66	62	69	16
Ratlam	66	65	67	16
Umria	64	64	71	17
Morena	64	57	73	17
Harda	64	64	64	17
Mandsaur	64	64	64	18
Rajgarh	63	61	65	19
Shajapur	60	59	62	19
Neemach	59	59	58	20
Ujjain	59	58	59	20
Dewas	59	60	54	20
West Nimar	58	58	57	21
Dhar	57	55	58	22
Bhind	53	53	53	23
Jabalpur	51	48	55	24
Gwalior	51	50	52	24
Bhopal	50	52	48	25
Indore	40	41	39	26
Total for MP	67	64	69	

Under Five Mortality in Madhya Pradesh

Under Five Mortality Rate

Under-5 mortality rate is the number of children who died before reaching their fifth birthday per 1,000 live births.

According to first time released Annual Health survey 2010-11, Under-5 mortality rate in Madhya Pradesh is 89 which is worse than Cambodia (88), Pakistan (87), Kenya (84), Ghana (69), Botswana (57), and Bangladesh (53) and almost equal to Zimbabwe (90). Female Child mortality rate is higher in 35 district comparison to male child mortality. The highest difference between male and female under five mortality can be seen in Damoh where Female U5MR is 132 and Male U5MR is 103 which is followed by Guna where U5MR is 111 and Male U5MR is 84.

Panna ranks highest in Infant Mortality Rate, under five Mortality Rate and also in Neonatal Mortality Rate. With comparison to other countries Panna with 140 U5MR ranks 18 in all over the world and Satna district with 130 U5MR ranks 20 in the world. Best performing districts in Madhya Pradesh are Indore and Jabalpur with 51 and 58 U5MR respectively.

In rural areas the U5MR is 99 where as in urban areas it is 62 it means Under Five Mortality rate in rural areas is 37 points higher than urban areas. If we analyze it gender wise than we found that in rural areas the female U5MR is 103 and male U5MR is 96 and in urban areas the female U5MR is 64 and male U5MR is 60. It means more number of females die before reaching age 5 years than males.

Top five states with highest U5MR are Uttar Pradesh with 94 child deaths per 1000 live births, Madhya Pradesh with 89 U5MR, than Orissa with 87 U5MR, Rajasthan with 79 and Uttarakhand with 70 U5MR. In all EAG states 66% of district falls in range of 61-80 and 81-100 of U5MR where as in Madhya Pradesh 42% district (19 districts) falls in range 81-100 and 29% (13 districts) district falls in range of 61-80.

Under Five Mortality Rate – District wise scenario

District	Male	Female	Total	Rank
Panna	135	146	140	1
Satna	125	135	130	2
Sidhi	106	131	118	3
Damoh	103	132	117	4
Umaria	116	105	110	5
Shivpuri	94	117	105	6
Dindori	108	100	104	7
Rewa	97	108	102	8
East Nimar	96	107	101	9
Sheopur	96	107	101	9
vidisha	96	107	101	9
Datia	91	109	99	10
Raisen	94	104	99	10
Sagar	95	99	97	11
Guna	84	111	96	12
Ratlam	86	107	96	12
Badwani	93	94	94	13
Katni	89	96	93	14
Jhabua	91	93	92	15
Seoni	92	93	92	15
Shahdol	92	93	92	15
Tikamgarh	87	95	91	16
Chhatarpur	87	92	89	17
Mandla	88	91	89	17
Morena	76	100	87	18
Sehore	94	81	87	18
Shajapur	82	90	86	19

Chhindwada	80	89	85	20
Mandsaur	85	86	85	20
Rajgarh	77	89	83	21
Dewas	82	78	80	22
Harda	81	80	80	22
West Nimar	80	79	80	22
Hoshangabad	78	81	80	22
Betul	78	81	79	23
Balaghat	73	83	78	24
Narsimhpur	74	80	77	25
Ujjain	75	78	77	25
Neemuch	73	76	75	26
Dhar	68	72	70	27
Gwalior	70	68	69	28
Bhind	64	67	66	29
Bhopal	66	61	64	30
Jabalpur	57	60	58	31
Indore	53	48	51	32
MP	86	93	89	

Neonatal Mortality in Madhya Pradesh

Neo Natal Mortality

Neo Natal mortality rate measures the number of infant deaths (age below 29 days) per 1,000 live births. According to Annual Health survey 2010-11, Neonatal mortality rate of Madhya Pradesh is 44 which is worse than Bhutan (33), Angola (42), Bangladesh (30), Burundi (42) and Ethiopia (36) and almost equal to Chad and Chile (45).

Panna again ranks highest among all districts with 66 NMR which is followed by Satna and Damoh with 63 and 61 respectively. With comparison to other countries Panna, Satna and Damoh ranks highest with 66, 63 and 61 NMR respectively in all over world. In rural areas the Neonatal mortality rate is 49 where as in urban area it is 32. Out of every 10 infant deaths 6 -7 pertains to Neo Natal Deaths. Rural NMR in districts is significantly higher than the urban.

The highest NMR state is Uttar Pradesh with 50 NMR, Madhya Pradesh second highest state with 44 NMR than Orissa and Rajasthan with 40 NMR respectively. Districts of Bundelkhand (Panna, Damoh, Sagar, Chhatarpur and Tikamgarh) are among top ten districts in terms of neo natal death. In EAG states 68% districts falls in the range of 30-39 & 40-49 of NMR, where as in Madhya Pradesh 22 districts (49%) falls in the range of 40-49 NMR, 20% districts falls in range of 30-39 NMR and 18% districts falls in range of 50-59 NMR. It means 87% districts falls in range of 30-59 NMR

Neo Natal Mortality rate – District wise scenario

District	Rural	Urban	Total	Rank
Panna	67	58	66	1
Satna	67	47	63	2
Damoh	69	30	61	3
Sagar	60	52	58	4
Sidhi	57	-	54	5
Raisen	59	35	54	5
Vidisha	58	35	52	6
Chhatarpur	57	24	51	7

Katni	56	31	50	8
Balaghat	50	45	50	8
Seoni	52	-	50	8
Chhindwada	53	36	49	9
Hoshangabad	59	27	49	9
Shahdol	47	56	49	9
Tikamgarh	47	49	48	10
Guna	53	33	48	10
Rewa	51	61	48	10
Umariya	48	48	48	10
Betul	48	48	48	10
Mandla	50	-	48	10
Dindori	47	48	47	11
Narsimhpur	50	24	47	11
Sehore	51	-	46	12
East Nimar	41	57	45	13
Shivpuri	43	57	45	13
Datia	45	37	43	14
Sheopuri	45	23	42	15
Badwani	41	46	42	15
Rajgarh	45	23	42	15
Harda	44	36	42	15
Shajapur	41	40	41	16
Jhabua	41	20	40	17
Ratlam	47	27	40	17
Neemuch	43	30	38	18
Mandsaur	40	30	37	19
Morena	37	35	36	20
Jabalpur	42	31	36	20
West Nimar	37	25	35	21
Gwalior	35	34	35	21
Dhar	34	36	34	22

Dewas	35	30	34	22
Ujjain	39	22	33	23
Bhind	35	19	29	24
Bhopal	44	25	28	25
Indore	38	20	25	26
Total	49	32	44	

The convention on the rights of the child emphasizes on children's right to the highest attainable standards of health and places responsibility on the State to combat malnutrition & childhood illnesses. And the Millennium Development Goals has been set to speed-up the socio economic development of the nations. The MDG goals mainly focus on women & child development because the most vulnerable section of any community in the world. The targets are aimed to be achieved by 2015. Millennium Development Goals are targeted towards improving the standard of living of all people.

Status of Madhya Pradesh on MDGs Target Achievements¹ of IMR, U5MR and NMR					
Indicators	MDGs Target for Madhya Pradesh	Madhya Pradesh 2007	Madhya Pradesh 2008	Madhya Pradesh 2009	Madhya Pradesh 2010
Infant Mortality Rate (IMR)	39	74	72	70	67
Under 5 Mortality Rate	43*	NA	NA	94.2	89
Neonatal Mortality Rate (NMR)	17.7*	NA	NA	44.9	44

Source:
Annual Health Survey 2010- 11
*NFHS-I (92-93)

Millennium Development Goals and Child health

It is to be understood that, if India has to achieve Millennium Development Goals, we will have to work for the states like Madhya Pradesh, Uttar Pradesh, Bihar, and Rajasthan. If situation does not improve in these states, MDG targets will be a distant dream. Millennium Development Goal 4 aims at reducing the infant mortality by two-thirds between 1990 and 2015 at all India level but from the above table we can see that the target of IMR of MP is 39 and the decreasing rate of IMR is very low so it is very challenging to decrease the IMR from 67 to 39 within five years (2011-2015).

To achieve the Goals of MDG and to reduce the IMR there is need to do specific intervention and their better implementation at grass root level. If we look at the performance in the four years period between 2007 to 2010, IMR is declining at the rate of 1.75 points. If Madhya Pradesh wants to achieve the target set by MDG, it will have to reduce 7.8 points per year, otherwise at the present speed it will take 22 year to achieve this minimal target. Same as According to NFHS-I the U5MR of Madhya Pradesh was 130, millennium development goal 4 aims to reduce this by two-third till 2015 it means U5MR should be declined by 43 till 2015.

According to Annual Health Survey, 2010-11 U5MR of Madhya Pradesh is 89 and it is quite challenging to decline the U5MR just double from 89 to 43 in four years. Same situation is applicable for Neonatal Mortality rate the Millennium Development Goal 4 aims at reducing the Neonatal mortality 17.7 but according to NFHS-I the NMR was 53.2, Present data of annual health survey 2010-11 shows that the NMR of Madhya Pradesh is 44 which reduced by 0.9 from 2009 to 2010. From these figures we can guess that the targets of MDG 4 are miles away.

State's role

Health and poverty indicators in Madhya Pradesh are extremely poor it has the highest infant mortality rate in India; maternal mortality is estimated at 310/100,000 live births; and approx. 62% of the population are considered to be living below the poverty line. The health outcomes of SC/ST populations and girls/women are worse. Estimates suggest that MP is unlikely to meet the targeted reductions in maternal and child mortality without focused and renewed efforts; the prevalence child malnutrition is high in comparison with the rest of India. Madhya Pradesh is exceptional in that, unlike almost all other states in India, it has not experienced improvements in key health indicators over the last decade. There has been a significant widening in urban/rural differentials following some improvements in urban areas.

Government of Madhya Pradesh is running various schemes to improve the situation of state in child and maternal health. But the progress rate of the state is very slow. The reason behind this

can be the unprompted behavior of responsible department. We can see various flaws in working system of administration that administration is failed to reach till the last person. We don't have sufficient Aanganwadi centers in each and every village. NNMR still declined by 0.9 from last year to this year. This growth rate is not at all sufficient to reach the goal of MDG.