

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

STARRED QUESTION NO:557

ANSWERED ON:04.05.2005

UN TARGET ON MATERNAL MORTALITY RATE

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

- (a) whether the United Nations has fixed any target for reducing maternal mortality rate;
- (b) if so, the details thereof;
- (c) the steps taken or being taken by the Union Government and the time frame, if any, to achieve this target;
- (d) the schemes under consideration and implementation by the Government to bring down the death rate of women and new born; and
- (e) the schemes under implementation during the Tenth Plan for the undernourished women and children belonging to the poorer section of the society?

**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. 557 FOR 4TH MAY, 2005

India is signatory to the United Nations Millennium Declaration which was adopted by the Member States of the United Nations in September, 2000. The Millennium Declaration outlines 8 specific goals to be achieved by the year 2015 by the member countries. Among these goals, reduction of maternal mortality to 100 by the year 2015 is one of the MDG to which India is committed.

The National Population Policy - 2000 and the National Health Policy - 2002, the Govt. of India have laid down specific goals for bringing down the infant mortality rate to less than 30 and the maternal mortality rate to less than 100 by the year 2010. These goals are in conformity with the millennium development goals.

For achieving these goals, a Reproductive and Child Health Programme is under implementation in all States and UTs of the countries since 1997. A number of interventions are being implemented for improving the maternal and child health and bringing down mortality rates as part of this programme.

The interventions for improving maternal health are essential obstetric care, emergency obstetric care, referral transport for pregnant women with complication of pregnancy through Panchayat, provision of drugs and equipments at First Referral Units (FRUs), provision of contractual staff like additional Auxiliary Nurse

Midwife (ANMs), staff nurses and hiring of anesthetists. In the second phase of the RCH Programme, provision has been made to accelerate the decline of Maternal Mortality and Morbidity by introducing new interventions like operationalisation of First Referral Units (FRUs), providing 24-hour delivery and new born care services at Community Health Centers (CHCs) and Primary Health Centers (PHCs) promoting institutional delivery and training of ANM and LHV to become skill birth attendants.

For reducing child and infant mortality, the interventions include immunization against six vaccine preventable diseases, control of deaths due to diarrhoeal diseases, control of deaths due to Acute Respiratory Infections, eradication of polio, prophylaxis against blindness due to Vitamin A deficiency and essential new born care. As part of the second phase of RCH Programme, the integrated management for newborn and childhood illnesses will be implemented in the districts in a phased manner.

Government of India have recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood. The mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM, the services provided under the RCH Programme will be strengthened through :

- Implementation of Janani Suraksha Yojana (JSY) under which cash incentives are provided to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health center / hospital.
- Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.
- Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services
- Making 50% Primary Health Centers functional for providing 24-hours delivery services, over the next five years
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

Government of India adopted National Nutritional Policy in the year 1993 to combat wide spread nutritional problems especially among vulnerable segments of the population such as women of reproductive age, pre school children, pregnant and lactating women and adolescent girls. In order to improve the diet and Nutritional status of different group of population, several direct programmes such as ICDS, special nutrition programme, mid day meal, etc. Other direct programme such as Prime Minister's Rozgar Yojna (PMRY), Targeted Public Distribution System, (PDS), Rural Employment Generation Programme etc. are being implemented through the country. In addition to these massive dose of Vit. A distribution, IFA tablets supplementation, and salt iodization programme are being implemented to improve the micronutrient status of the community.