

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

UNSTARRED QUESTION NO:1694

ANSWERED ON:28.11.2007

MATERNAL MORTALITY RATE

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

(a) whether more women die in India during child birth than any where else in the world as reported in the 'Times of India' dated October 16, 2007;

(b) if so, the facts reported therein and the reasons therefor;

(c) the present maternal mortality ratio in India as well as in other developing countries; and

(d) the steps taken by the Union Government in this regard?

Answer

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

(a) to (d) As per the latest survey report of Registrar General of India (RGI- SRS 2001-03) published in the year 2006, the Maternal Mortality Ratio (MMR) for India is 301 per 100,000 live births which translates into 77,000 maternal deaths per year. This high absolute number of Maternal deaths in India is because of the larger size of the population along with a higher number of births.

As per the "Estimates of Maternal Mortality developed by WHO, UNICEF, UNFPA and World bank, in the publication, 'Maternal Mortality in 2005'", the MMR in India is much lower than in many other developing countries. A list of these countries along with their MMR is annexed.

The National Rural Health Mission (NRHM) launched by the Government of India in the year 2005, in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood, seeks to provide effective health care to rural population throughout the country with special focus on 18 States with weak public health indicators and/or weak infrastructure.

In order to bring about a reduction in MMR, the Government of India is implementing the following key interventions all over the country, which include: Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Appointment of an Accredited Social Health Activist (ASHA) for every village to facilitate in accessing of health care services by the community including pregnant women; operationalizing Community Health Centers as First Referral Units (FRU) and 50% of all Primary Health Centers for providing 24X7 delivery services by 2010; augmenting the availability of Skilled Manpower by means of different skill based trainings such as Skilled Birth Attendant, Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets; organizing of Village Health & Nutrition Day at Anganwadi center; supplementary nutrition to pregnant and lactating women under the ICDS scheme and strengthening of sub-centers by providing each with an untied fund of Rs.10, 000/- to improve service delivery.