

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

UNSTARRED QUESTION NO:4558

ANSWERED ON:20.08.2010

MATERNAL MORTALITY RATE

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

- (a) the targets set during the Tenth and Eleventh Five Year Plans to reduce the Maternal Mortality Rate in the country;
- (b) whether the said targets have been achieved during the aforesaid period;
- (c) if so, the details thereof and if not, the reasons therefor; and
- (d) the efforts being made by the Government to achieve the targets during the remaining period of the Eleventh Five Year Plan?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (d) The target set for Maternal Mortality Ratio during the Tenth Five Year Plan (2002-2007) was 200 per 100,000 live births and the Target set for Eleventh Five Year Plan (2007-2012) is 100 per 100,000 live births.

As per the Sample Registration System of the Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) has shown a decline from 301 per 100,000 live births during the period 2001-03 to 254 per 100,000 live births during the period 2004-06.

The National Rural Health Mission (NRHM) has set the goal for reduction of Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by the year 2012. Under NRHM, the steps taken to provide maternal care services and to accelerate the pace of reduction of maternal mortality in the country are:

1. Upgrading and operationalizing the Primary Health Centres (PHCs) as 24X7 facilities for providing basic medical facilities including basic obstetric and new-born care; and Community Health Centers (CHCs) as First Referral Units (FRUs) for providing comprehensive obstetric and new- born care services.
2. Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance for Auxiliary Nurse Midwives/Staff Nurses/Lady Health Visitors; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarean Section.
3. 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. This has resulted in significant increases in institutional delivery.
4. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
5. Organizing Village Health and Nutrition day in rural area every month at Anganwadi centers for provision of maternal and child health services.
6. Engagement of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community;
7. Establishing Referral systems including emergency referral transport, for which the states have been given flexibility to use different models.