

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

UNSTARRED QUESTION NO:2956

ANSWERED ON:26.11.2010

MATERNAL AND INFANT MORTALITY RATE

Bajwa Shri Partap Singh; Siddeswara Shri Gowdar Mallikarjunappa; Viswanathan Shri P.

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

- (a) the details of the target set and achievement made for reduction in the maternal and infant mortality rate during the Eleventh Plan Period;
- (b) whether any scheme exists under the National Rural Health Mission (NRHM) to increase institutional deliveries and achieve reduction in maternal and infant mortality;
- (c) if so, the details of the measures taken by the Government during the said period aimed at reducing the maternal and child mortality rate in the rural and urban areas, respectively;
- (d) whether the Government has put in place adequate mechanism for monitoring implementation therefor;
- (e) if so, the details thereof;
- (f) whether any review of the measures taken to arrest the increasing maternal/ infant mortality rate has been made; and
- (g) if so, the details thereof and further action taken by the Government thereon?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI DINESH TRIVEDI)

(a) to (g): The target for reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) under the National Rural Health Mission and the Eleventh Five Year Plan Period is 100 per 100,000 live births and 30 per 1000 live births respectively by the year 2012.

As per the latest Sample Registration System (SRS) report of the Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) has shown a decline from 301 per 100,000 live births in the period 2001-03 to 254 per 100,000 live births in the period 2004-06 and Infant Mortality Rate has declined from 58 per 1000 live births in the year 2004 to 53 per 1000 live births in 2008.

Under the National Rural Health Mission, the key strategies and interventions being implemented for reduction in maternal and child mortality including promotion of institutional delivery, particularly to rural population throughout the country are as follows:

Janani Suraksha Yojana (JSY), a 100% centrally sponsored cash benefit scheme with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women. This scheme has resulted in significant increases in institutional delivery since its inception. The scheme is monitored through several mechanisms which include regular monthly reviews at all levels, community monitoring, quality assurance, field visits, periodic surveys, evaluation of data and establishment of grievances redressal cells, payment of cash assistance through cheque and creation of public awareness about the program.

Upgrading and operationalizing the Primary Health Centers (PHCs) as 24X7 facilities and the Community Health Centers (CHCs) as First Referral Units (FRUs) for providing basic and comprehensive obstetric, new-born and child care services.

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, Emergency Obstetric Care including Caesarean Section, Facility Based Integrated Management of Neonatal and Childhood illnesses (F-IMNCI) and health care providers in Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK), a training on Basic Newborn Care and Resuscitation.

Provision of Ante-natal and Post Natal Care services for pregnant and lactating women.

Iron and Folic Acid Supplementation for prevention and treatment of anemia, in the form of tablets and liquid formulation to pregnant & lactating women and children from 6 months to 10 years.

Early detection and appropriate management of Diarrheal and Acute Respiratory diseases.

Infant and Young Child Feeding.

Immunization against six vaccine preventable diseases.

Vitamin A prophylaxis.

Establishment of Nutritional Rehabilitation Centers (NRCs) to address severe and acute mal-nutrition.

Organizing Village Health and Nutrition Days in rural area as an out-reach activity every month at Anganwadi centers for provision of maternal and child health services which includes counseling of pregnant women for promoting institutional deliveries.

Engagement of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including institutional delivery.

Establishing Referral systems including emergency referral transport, for which the states have been given flexibility to use different models.

To monitor, review and evaluate the performance and quality of interventions being implemented under the NRHM program, several mechanism have been instituted. The key mechanisms are:

Health Management Information System (HMIS), a web-based system established by the Monitoring & Evaluation (M&E) Division of the Ministry for flow of information on physical and financial progress from District to State and up to the National Level.

Evaluation Surveys commissioned by the Ministry at periodic intervals e.g. National Family Health Surveys (NFHS), District Level Household Surveys (DLHS), Coverage Evaluation Surveys (CES) etc.

Joint/ Common Review Missions: Regular review missions in partnership with different stake holders, including development partners, state government representatives and civil society etc.

Annual Appraisal of State Project Implementation Plans (PIPs) by the Ministry through sub-committees and committees to allocate resources to the states based on the physical and financial progress achieved in the previous year.