

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

UNSTARRED QUESTION NO:3850

ANSWERED ON:16.12.2011

MILLENNIUM DEVELOPMENT GOALS

Badal Harsimrat Kaur;Bajwa Shri Partap Singh;Singh Shri Dhananjay ;Thakor Shri Jagdish

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

- (a) whether the Infant Mortality Rate and Maternal Mortality Ratio in India is still one of the highest in comparison to other developing countries;
- (b) if so, the details thereof alongwith the reasons therefor;
- (c) whether the Government has set any target in this regard under the Millennium Development Goals;
- (d) if so, the details thereof;
- (e) the steps taken/proposed to be taken by the Government to achieve the target alongwith the names of the States which have succeeded in this regard; and
- (f) the pre-natal and post-natal remedial measures being taken by the Government to tackle the problem particularly in States that have higher rate of infant mortality?

**Answer**

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

a)&(b) No. Details are given in Annexure.

(c)&(d) Under Millennium Development Goal, the following targets have been set to be achieved by 2015.

# Under 5 mortality rate: 38 per 1000 live births

# Infant mortality rate: 28 per 1000 live births

# Maternal mortality ratio: 106 per 100,000 live births

(e)&(f) The states which have already achieved the Millennium Development Goals are Delhi, Kerala, Maharashtra & Tamil Nadu with respect to under 5 Mortality Rate and Kerala, Tamil Nadu and Maharashtra with respect to Maternal Mortality Ratio. Under the National Rural Health Mission the following interventions are being implemented to bring down the maternal and child mortality in the country:

(1) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY): Promoting Institutional delivery by skilled birth attendant is key to reducing both maternal and neo-natal mortality. There has been a phenomenal increase in number of institutional deliveries since the launch of JSY and number of beneficiaries has increased from 7.39 lacs in 2005 to 113.38 lacs in 2010-11. Besides this infrastructure of health facilities is also being strengthened for providing comprehensive obstetric care services under NRHM.

(2) Emphasis on basic and comprehensive obstetric care services to pregnant women: Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services have been assured.

(3) Emphasis on facility based newborn care at different levels to reduce Child Mortality: Setting up of facilities for care of Sick Newborn such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels is a thrust area under NRHM. At present 293 SNCUs, 1134 NBSU and 8582 NBCCs are functional.

(4) Capacity building of health care providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery. These trainings are IMNCI, NSSK, SBA, LSAS, EMOC, BMOC etc.

(5) Treatment of Anaemia in women: Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anemia have been emphasized

(6) Management of Malnutrition: As malnutrition reduces resistance of children to infections thus increasing mortality and morbidity among children, emphasis is being laid under NRHM for management of malnutrition and provision of micronutrients. 480 Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition. As breastfeeding reduces neo-natal mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development. Village Health and Nutrition Days (VHNDs) are organized for imparting nutritional counselling to mother and to improve child care practices.

(7) Universal Immunization Programme: Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipments, provision of operational costs.

(8) New initiatives in last two years

(a) Janani Shishu Suraksha Karyakram (JSSK) was launched on 1st June 2011 and has provision for free transport, food and drugs and diagnostics to all pregnant women and sick new born. The initiative would further promote institutional delivery; eliminate out of pocket expenses which act as a barrier to seeking institutional care for mothers and sick new born.

(b) Home based new born care (HBNC): As 52 percent of child deaths take place in the first 28 days of birth, home based newborn care through ASHA has been initiated by providing incentive of Rs. 250. The purpose of Home Based New Born Care is to improve new born practices at the community level and early detection and referral of sick new born babies.

(c) Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured. One crore and eighteen lakh mothers and 60 lakh children registered till 23rd October, 2011.