

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

STARRED QUESTION NO:171

ANSWERED ON:02.12.2011

INFANT CHILD MATERNAL MORTALITY RATES

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

- (a) whether the infant/child/maternal mortality rates are on the rise in the country;
- (b) if so, the details thereof and the reasons therefor;
- (c) the number of infant/child/maternal mortality cases reported during each of the last three years and the current year, State/UT-wise;
- (d) the details of the existing programmes/schemes to check the high rate of such mortality indicating financial assistance provided and utilized thereunder during the said period State/UT-wise; and
- (e) the corrective measures taken by the Government to reduce the infant/child/maternal mortality rates in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a)to(e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 171 FOR 2ND DECEMBER, 2011

(a)to(c) As per Sample Registration System data, Infant mortality rate has steadily declined from 58 per thousand live births in 2004 to 50 per thousand live births in 2009 and there is a sharper decline of 3 points in 2009 compared to 2008. Similarly, the maternal mortality ratio has also declined from 254 in 2004-06 to 212 in 2009. The state-wise details for infant and maternal mortality rates are annexed at Annexure A and B respectively.

(d)&(e) The allocations for Reproductive and Child Health programme under the National Rural Health Mission have increased from 1747 crores in 2007-08 to 4009 crores in 2011-12. The following interventions are implemented to reduce maternal and infant mortality.

(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 strengthened under NRHM for providing comprehensive obstetric care services.

(2) 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.

(3) Capacity building of health care providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANMs for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery.

(4) Management of Malnutrition: As malnutrition reduces resistance of children to infections thereby increasing mortality and morbidity among children, emphasis is laid under NRHM for management of malnutrition. 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 promoted in convergence with Ministry of Woman and Child Development. Village Health and Nutrition Days (VHNDs) are organized for imparting nutritional counselling to mothers and to improve child care practices.

(5) 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.

(6) New initiatives in last two years

(a) Janani Shishu Suraksha Karyakram (JSSK) was launched on 15th 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 and 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 November, 2011