

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

UNSTARRED QUESTION NO:1721

ANSWERED ON:23.03.2012

MATERNAL AND CHILD CARE FACILITY

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

- (a) whether infant, child and maternal mortality rate in India is one of the highest in comparison to other countries;
- (b) if so, the reasons therefor alongwith the number of cases of infant, child, maternal mortality reported in rural and urban areas in the country including tribal areas of Maharashtra during the last three years and the current year, State/UT-wise;
- (c) the details of various programmes/ schemes launched by the Government for the development of maternal and child care facilities in the country;
- (d) the details of funds allocated under the above schemes during each of the last three years and current year, State/UTwise;
- (e) whether certain deficiencies have been reported in the implementation of these programmes/schemes; and
- (f) if so, the details thereof and the corrective measures taken by the Government in this regard?

Answer

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

(a) & (b): India ranks 49th position in Infant Mortality Rate among 192 countries and 55th position among 136 countries in Maternal Mortality Ratio in descending order. The state-wise details of Infant Mortality Rate and Maternal Mortality Ratio including Maharashtra are placed at Annexure 1 and 2.

(c) In the Reproductive and Child Health programme, under National Rural Health Mission, the following interventions are implemented to reduce child and maternal mortality rates:

(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 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 340 SNCUs, 1210 NBSU and 9824 NBCCs are functional.

(3) 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.

(4) 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. 558 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.

(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 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 eighty lakh mothers and One crore and twenty two lakh children have been registered till 15th March, 2012.

(d): State/UTs wise details are at annexure 3.

(e) & (f): There is varied performance on the part of states for implementing various Mother and Child Health interventions. Technical support is being provided to states in the form of capacity building and supportive supervision for accelerating program performance.