

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

UNSTARRED QUESTION NO:3812
ANSWERED ON:27.04.2012
HEALTHCARE FACILITIES FOR MOTHER AND CHILD
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the details of schemes formulated by the Government for maternal and child healthcare in the country;
- (b) whether certain maternal deaths have been reported in the country due to lack of proper healthcare facilities;
- (c) if so, the details thereof during the last three years and the current year, State/UT-wise;
- (d) the amount of financial assistance being given to pregnant women at the time of delivery; and
- (e) the total number of cases, if any, not being provided financial assistance in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) Under the National Rural Health Mission (NRHM) and within its umbrella the RCH-II Programme, the strategies and schemes formulated by the Government of India for maternal and child healthcare in the country are:

Promotion of institutional deliveries through Janani Suraksha Yojana under which cash assistance is provided to pregnant women for giving birth in government and government accredited private health facilities.

Capacity building of health care providers in basic and comprehensive obstetric care and newborn, infant and child care.

Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric & newborn care.

Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI).

Emphasis on setting up facilities for care of newborns such as Sick New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Care Corners (NBCCs) for improving facility based new-born care at different levels.

Name Based web enabled tracking of pregnant women and children under the Mother & Child Tracking System (MCTS) to ensure and monitor full services to them.

Iron and Folic Acid supplementation to pregnant & lactating women and children from 6 months to 10 years for prevention and treatment of anemia.

Weekly Iron & Folic Acid Supplementation (WIFS) to adolescent girls in and out of school.

Promotion of limiting and spacing methods under Family planning.

Engagement of 8.61 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

Village Health and Nutrition Days (VHNDs) in rural areas as an outreach activity, for provision of maternal and child health services.

Home based new born care (HBNC) through ASHA to improve new born care practices at the community level and early detection and referral of sick new born babies.

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

Implementation of Infant and Young Child Feeding (IYCF) guidelines.

Immunization against seven vaccine preventable diseases.

Vitamin A prophylaxis.

Setting up Nutritional Rehabilitation Centers (NRCs) for Management of Severe Acute Malnutrition (SAM) Children.

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

A new initiative namely JananiShishuSurakshaKaryakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.

(b) & (c) As per the latest data on Maternal Mortality Ratio (MMR) from the Sample Registration System of Registrar General of India (RGI-SRS), MMR in the country is 212 per 100,000 live births for the period 2007-09 which translates into an approximate number of 56,000 maternal deaths in one year.

As per the RGI-SRS report titled "Maternal Mortality in India: 1997-2003 trends, causes and risk factors", major causes of maternal deaths in the country are Haemorrhage, Sepsis, Hypertensive Disorders, Obstructed Labour, Abortion and "Others" which includes Anaemia.

Other contributory factors for maternal deaths may be delay in decision making by family members, delay in reaching the hospital and delay in initiating appropriate care at the health facilities which are being addressed through the key strategies outlined in a) above.

The latest estimates of Maternal Mortality Ratio (MMR) in India and major States which are available from RGI-SRS are for the period 2007-09 and are not available for the last three years. Latest estimates as per RGI-SRS report of 2007-09 are at Annexure 1.

(d) Under the JananiSurakshaYojana (JSY) scheme, financial assistance in the form of conditional cash transfers is given to pregnant women for delivering in government and government accredited private health facilities. Details of amount of financial assistance given to pregnant women at delivery under the JSY scheme are at Annexure 2.

(e) A total number of 1.07 crore beneficiaries have been provided cash assistance under the JSY scheme in the year 2010-11. However, data on the numbers of cases to whom financial assistance is not being provided is not maintained at the Government of India level.