

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

UNSTARRED QUESTION NO:1345

ANSWERED ON:17.08.2012

INFANT CHILD MATERNAL MORTALITY RATES

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

(a) whether the Government has taken note of a recent report of the United Nations which attributes various factors such as malnutrition, poverty and mismanagement as major causes for high infant/child/ maternal mortality rates in the country;

(b) if so, the facts in this regard along with the reaction of the Government thereto;

(c) the extent to which the target set under the Millennium Development Goal (MDG) has been achieved so far in respect of bringing down infant/child /maternal mortality rates in the country; and

(d) the details of the corrective measures taken or proposed by the Government in order to meet the target under MDG to reduce infant/child/maternal mortality rates and provide better maternal care facilities, particularly in rural and tribal areas of the country?

Answer

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

(a) & (b) As per the WHO/UNICEF 2012 report "Countdown to 2015 on Maternal, Newborn & Child Survival" poor maternal nutrition contributes to at least 20% of maternal deaths, and increase the probability of other poor pregnancy outcome, including new born deaths. Malnutrition is one of the major underlying cause of Infant/Child mortality in India and about one third of child deaths are attributed to under nutrition.

(c) MDG 4: Reduce child mortality by two third

Target: IMR <28 per 1000 live births

Achievement: 47 per 1000 live births (SRS 2010)

Target: Under 5 MR< 39 per 1000 live births

Achievement: 59 per 1000 live births (SRS 2010)

MDG5: : Reduce by three quarters the maternal mortality ratio

Target: MMR<100 per 1,00,000 live births

Achievement: 212 per 1,00,000 live births (SRS 2007-09)

(d) The following interventions under RCH programme of NRHM are being implemented.

(1) Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.

(2) Name Based Tracking of Pregnant Women to ensure complete antenatal, intranatal and postnatal care

(3) Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers

(24x7) for round the clock maternal care services.)

(4) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is key to reducing both maternal and neo-natal mortality.

(5) Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place; Special New Born Care Units (SNCUs) and New Born Stabilization Units (NBSUs) are also being set up at appropriate facilities for the care of sick newborn including preterm babies.

(6) Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies

(7) Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care & management of common ailments in children.

(8) Adolescent Reproductive Sexual Health Programme (ARSH)- Specially for adolescents to have better access to family planning, prevention of Sexually transmitted Infections, Provision of counselling and peer education.