

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

UNSTARRED QUESTION NO:382

ANSWERED ON:23.11.2012

MATERNAL MORTALITY RATE

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

- (a) the present status of Maternal Mortality Rate (MMR) along with incidents of mortalities of pregnant women and infants reported in the country during the last three years and the current year, State-wise including Haryana;
- (b) whether the Government has any proposal to provide free health care for pregnant women and infants under NRHM;
- (c) if so, the details thereof;
- (d) whether universal toll free number is proposed country-wise for providing transport or ambulance service to pregnant women and sick infants;
- (e) if so, the details thereof and if not, the reasons therefor; and
- (f) the action plan of the Government to upgrade the existing medical system and set up additional such units in the country to control these deaths?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (ABU HASEM KHAN CHOUDHURY)

(a) As per the latest data on maternal mortality in the country, available from the report of Registrar General of India - Sample Registration System (RGI-SRS) - 2007-09, the Maternal Mortality Ratio of India is 212 per 100,000 live births.

The RGI-SRS provides MMR for the country and major states at 3-year intervals. The latest state-wise MMR including that for Haryana available for the period 2007-09 is placed at Annexure -1.

As per the latest data on Infant Mortality Rate available from the report of Registrar General of India-Sample Registration System (RGI-SRS) 2011, Infant Mortality Rate (IMR) in the country is 44 per 1000 live births. Data on IMR for the country and state wise is provided by SRS at yearly intervals.

The State-wise IMR including that for Haryana for the years 2009,2010, 2011 is placed at Annexure-II.

(b) & (c) Under the overall umbrella of National Rural Health Mission, Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section.

Similar entitlements have been put in place for all sick new-borns accessing public health institutions for treatment till 30 days after birth.

Under this scheme, all pregnant women accessing public health institutions are entitled for free drugs and consumables, free diagnostics, free blood wherever required, and free diet up to 3 days for normal delivery and 7 days for C-section. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home.

Such entitlements are also available for sick newborns upto 30 days after birth.

(d) & (e): Under National Rural Health Mission, a universal toll free number has not yet been proposed for the whole country for providing transport or ambulance service to pregnant women and sick infants.

Referral transport for pregnant women and sick neonates is being provided by the States as per their local needs, using different models which include a network of emergency response vehicles using toll free number, government ambulances, available transport under public private partnership etc.

(f) Under the National Rural Health Mission, the key steps taken for upgrading the existing medical system and bring down the number of maternal & Infant deaths are :

16801 'Delivery Points' have been identified for comprehensive strengthening to provide quality Reproductive, Maternal Newborn & Child Health Services.

Capacity building of health care providers in skilled attendance at birth, basic and comprehensive obstetric and newborn care, infant and newborn care.

Promotion of institutional deliveries through Janani Suraksha Yojana.

Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.

Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.

Engagement of 8.71 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

Village Health and Nutrition Days 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 practices at the community level and early detection and referral of sick new born babies.

Strengthening Facility Based Newborn Care: New Born Care Corners (NBCC) are being set up at all health facilities where deliveries take place to provide essential newborn care at birth; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are being set up for the care of sick newborn. As on date 399 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.

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

Infant and Young Child Feeding.

Immunization against vaccine preventable diseases.

Janani Shishu Suraksha Karyakaram (JSSK) to eliminate any out of pocket expenses for pregnant women delivering in public health institutions and sick newborns accessing public health institutions for treatment till 30 days after birth.

Management of Malnutrition: Emphasis is being laid on reduction of malnutrition which is an important underlying cause of child mortality. 647 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition (SAM). Iron and Folic Acid is also provided to children for prevention of anaemia. Recently, weekly Iron and Folic Acid is proposed to be initiated for adolescent population. As breastfeeding reduces infant 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.

Universal Immunization Program (UIP): Vaccination against seven diseases is provided to all children under UIP. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipment and provision of operational costs. UIP targets to immunize 2.7 crore infants against seven vaccine preventable diseases every year. 21 states with more than 80% coverage have incorporated second dose of Measles in their immunization program. Pentavalent vaccine has been introduced in two states of Kerala and Tamil Nadu and proposed to be scaled up in six more states. Year 2012-13 has been declared as 'Year of intensification of Routine Immunization'.

Mother and Child Tracking System: A web enabled name based Mother and Child Tracking System has been put in place for tracking of all pregnant women and newborns so as to monitor and ensure that complete services are provided to them.