

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

UNSTARRED QUESTION NO:433
ANSWERED ON:23.11.2012
MATERNAL MORTALITY
Tarai Shri Bibhu Prasad

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

- (a) whether a large number of women are dying at the time of their first delivery in the Government health centres in several parts of the country;
- (b) if so, the details of such deaths reported in the Government hospitals and health centres during the last three years and the current year, State/UT-wise and year-wise;
- (c) whether all pregnant women in rural areas are not covered by Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK); and
- (d) if so, the details thereof and the reasons therefor along with the action taken by the Government to bring down the deaths of women during their first delivery?

Answer

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

(a) & (b) Data on maternal mortality in the country is available from the latest report of Registrar General of India - Sample Registration System (RGI-SRS) - 2007-09, on the basis of which, the Maternal Mortality Ratio of India has declined from 254 to 212 per 100,000 live births during the period 2004-06 to 2007-09. Data on the number of maternal deaths at the time of first delivery at Government health centres is not available from this Report.

RGI - SRS provides State wise MMR at 3 year intervals, the latest being available for the period 2007-09 for major States (Annexure).

(c) & (d) All pregnant women are not covered by Janani Suraksha Yojana (JSY). Under this scheme, States are classified into Low Performing States (LPS) and High Performing States (HPS) on the basis of institutional delivery rates. States of Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha, Assam and Jammu & Kashmir where rate of institutional delivery is low are classified as Low Performing States and the remaining States/UTs where rates of institutional delivery are of at satisfactory levels are classified as High Performing States. In LPS, all pregnant women are covered under the JSY. However, JSY benefit in HPS is available to pregnant women from BPL/SC/ST households who have attained age of 19 years or above and upto two live births only.

The Janani Shishu Suraksha Karyakaram (JSSK) Scheme entitles all pregnant women delivering in public health institutions including those of rural areas to absolutely free and no expense delivery, including caesarean section and covers all pregnant women accessing Government Health facilities.

Under the National Rural Health Mission, the key steps taken to bring down the number of maternal deaths including those during the first delivery are :

Promotion of institutional deliveries through Janani Suraksha Yojana.

Capacity building of health care providers in basic and comprehensive obstetric care.

Operationalisation of sub-centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.

Name Based web enabled tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care has been introduced.

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

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

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.

Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.

Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, to eliminate any out of pocket expense for pregnant women delivering in public health institutions and sick newborns accessing public health institutions for treatment till 30 days after birth.