

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

UNSTARRED QUESTION NO:169

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MMR AND IMR RATE

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

(a) the details of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) reported during each of the last three years and the current year, State/UT wise;

(b) the incidents of deaths of infants/children and pregnant women reported during the said period, State/UT-wise

(c) the details of programmes/schemes launched and incentives provided to the States to check the high rate of maternal infants mortality, especially due to malnutrition indicating the funds allocated and utilised for the purpose during the said period, State/UT-wise; and

(d) the other measures taken/proposed by the Government to bring down the IMR and MMR especially neo-natal mortality rate in the country?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) & (b) Survey data on Infant Mortality Rate (IMR) is available from the Report of Registrar General of India Sample Registration System (RGI-SRS). As per this report, the latest IMR for the country is available for the year 2011 which is 44 per 1000 live births. IMR data (SRS) for the years 2009, 2010 and 2011 for the country and state wise is placed at Annexure I.

Survey data on Maternal Mortality Ratio (MMR) from the same source is available at three year intervals and is not provided every year. The latest available data on MMR is for the period 2007-09 which is 212 per 100,000 live births. MMR data for the country and major states is placed at Annexure II.

(c) & (d) Under the National Rural Health Mission, the key steps being taken by the Government of India to reduce MMR & IMR in the country including prevention and management of malnutrition in children and women are:

Promotion of institutional deliveries through Janani Suraksha Yojana (JSY).

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

Capacity building of health care providers in basic and comprehensive obstetric care, Integrated Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK) etc.

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

Name Based web enabled tracking of pregnant women & children has been introduced to ensure optimal antenatal, intranatal and postnatal care to pregnant women and care to newborns, infants and children.

Identifying the severe anaemic cases at all the sub centres and PHCs for their timely management

Iron and Folic Acid supplementation to pregnant & lactating women and children for prevention and treatment of anemia.

To tackle the problem of anemia due to malaria, particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

Management of Malnutrition particularly Severe Acute Malnutrition (SAM) by establishing Nutritional Rehabilitation Centres (NRCs). 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.

Strengthening of Facility based newborn care by setting up Newborn care corners (NBCC) in all health facilities where deliveries

take place; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at First Referral Units for the care of sick newborn.

Weekly Iron and Folic Acid supplementation to adolescent girls.

Engagement of 8.84 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

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

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

Universal Immunization Program (UIP) against seven diseases for all children. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs.

Vitamin A supplementation for children aged 6 months to 5 years.

Deworming of Children under 5 years of age by providing tablets/ syrup twice a year.

Growth monitoring of children up to three years by promoting use of Mother and Child Protection card.

Health and nutrition education during Village Health and Nutrition Days (VHND) to promote dietary diversification, inclusion of iron folate rich food as well as food items that promote iron absorption and increase in awareness to bring about desired changes in the dietary practices including the promotion of breast-feeding.

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 upto 30 days after birth.

The States/UT-wise allocation of funds and utilization under Maternal & Child Health Programme during last 3 years is given in Annexure III & Annexure-IV.