

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

UNSTARRED QUESTION NO:424

ANSWERED ON:06.12.2013

INFANT CHILD AND MATERNAL MORTALITY RATE

Biju Shri P. K.;Gowda Shri D.B. Chandre;Hussain Shri Syed Shahnawaz;Maadam Shri Vikrambhai Arjanbhai;Pandey Saroj;Pandey Shri Ravindra Kumar;Premajibhai Dr. Solanki Kiritbhai;Rajendran Shri C.;Sampath Shri Anirudhan;Singh Shri Radha Mohan;Singh Shri Ravneet;Sugumar Shri K. ;Viswanathan Shri P.

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

- (a) the details of the infant, child and maternal mortality rate reported along with the reasons for such high mortality rates during each of the last three years and the current year, State/UT-wise;
- (b) the details of programmes/schemes and awareness campaign launched and funds/incentives provided to the States/ UTs to check the high rate of infant, child and maternal mortality rate during the said period;
- (c) whether World Health Organization has recommended that all developing countries should allocate five per cent of Gross Domestic Product (GDP) on health sector to improve the above health indicators;
- (d) if so, the details of the percentage of GDP spent on the health sector during each of the last three years and current year; and
- (e) the steps taken by the Government to increase the budget allocation for the health sector so that more people have access to public health services and reduce out of pocket expenses on healthcare in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) : As per Sample Registration System of Registrar General of India, the details of Infant, child and maternal mortality rate at the National level for last three Years are as below. State and UTwise details are at Annexure I.

Year	2009	2010	2011	2012
Infant Mortality Rate	50	47	44	42
/ 1000 live births				
Under five mortality rate	64	59	55	Awaited
/ 1000 live births				
Maternal mortality	212			
ratio / 100,000	(2007-2009)			
live births				

The various causes of child mortality and maternal mortality as per available estimates are as follows.

The causes of child mortality in the age group 0-5 years in India are Neonatal causes (52%), Pneumonia (15%), Diarrhoeal disease (11%), Measles (3%), Injuries (4%), others (15%) and causes of maternal mortality are Haemorrhage (38%), Sepsis (11%), Hypertensive Disorders (5%), Obstructed Labour (5%), Abortion (8%) and Other Conditions (34%).

(b): Under National Rural Health Mission, the following interventions are being implemented to reduce infant and maternal mortality rates.

1) Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal care services.)

2) 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.

3) 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.

4) 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

5) 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.

6) Adolescent Reproductive Sexual Health Programme (ARSH) – Especially for adolescents to have better access to family planning, prevention of sexually transmitted Infections, Provision of counselling and peer education.

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

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

The details of the funds allocated to states and UTs for reducing Infant, child and maternal mortality for last three years are at annexure II.

(c): As per WHO document, the figure of five percent expenditure on health was considered as an indicator that should be monitored and not as a recommended level for health spending.

(d): As per Economic Survey 2012-13 published by Ministry of Finance, the expenditure on health (Central and State government combined) as percentage of GDP during 2010-11, 2011-12 and 2012-13 (BE) are 1.29%, 1.29% and 1.36% respectively.

(e): The total public funding by the Centre and States, plan and non-plan, on core health is envisaged to increase to 1.87 per cent of GDP by end of the Twelfth Plan. When viewed in the perspective of the broader health sector, which includes schemes of Ministries other than Health aimed at improving the health status of people, Drinking Water and Sanitation, Mid-day Meal and Integrated Child Development Services Scheme the total Government expenditure as a proportion of GDP is envisaged to increase from 1.94 per cent of GDP in the last year of the Eleventh Plan to 3.04 per cent in the corresponding year of the Twelfth Plan