

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

STARRED QUESTION NO:134

ANSWERED ON:13.12.2013

INFANT MORTALITY

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

- (a) the details of the target set along with the achievements made under the Millennium Development Goals (MDGs) by his Ministry;
- (b) whether India is lagging behind in achieving MDGs so far and if so, the reasons therefor;
- (c) whether the Government has identified the areas which need special attention and taken measures to achieve the goals during the 12th Five Year Plan and if so, the details thereof;
- (d) whether two-thirds of abortions in the country are done outside authorized health centres and about eight per cent of maternal deaths in the country are attributed to abortions; and
- (e) if so, the corrective steps taken by the Government to address the issues including proper training to health workers, well equipped public healthcare centres and availability of affordable medicines in order to reduce infant/maternal mortality rate in the country?

Answer

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

(a) to (e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 134 FOR 13TH DECEMBER, 2013

(a) & (b) The Millennium Development Goals (MDGs) are eight time bound and measurable international development goals, set by the United Nations and endorsed by countries, including India, which are to be reached by the year 2015. Targets and achievements under MDGs related to the Ministry of Health and Family Welfare are as under:

Goal 4: Reduce Child Mortality: Target is to reduce Under Five Mortality Rate (U5MR) by two thirds between 1990 and 2015. In the case of India, this translates into reducing U5MR to less than 38 per 1000 live births by 2015.

As per the latest available estimates from the Sample Registration System (SRS) released by the office of Registrar General of India (RGI), U5MR was 55 per 1000 live births in 2011. India has been achieving a consistent decline of 5 points per year during the period 2008-2010 and a further decline of 4 points in 2011. If this accelerated pace of decline is sustained, India will be close to achieving the MDG target.

Goal 5: Improve Maternal Health: Target is to reduce Maternal Mortality Ratio (MMR) by three quarters between 1990 & 2015.

As per the Maternal Mortality Estimation Inter-Agency Group (MMEIG) report, "Trends in Maternal Mortality: 1990 to 2010" released in the year 2012 by WHO, UNICEF, UNFPA and the World Bank, India requires to reduce MMR from 600 in 1990 to 150 per 100,000 live births by 2015. As per the same UN report, India has been placed in the category of countries "making progress" towards achieving the MDG-5 target.

As per the SRS estimates released by the office of RGI, the MMR in India has declined from 301 per 100,000 live births in the period 2001-03 to 212 per 100,000 live births in the period 2007-09. The pace of decline in MMR shows an increasing trend and at this pace, India would be able to achieve the MDG target.

Goal 6: Combat HIV/AIDS, malaria, and other diseases. Target is to have halted by 2015 and begun to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases.

The progress made on the achievements of targets under this goal is as under:

In case of HIV/AIDS, new annual HIV infections have declined by 57% over the last decade from 2.74 lakhs in 2000 to 1.16 lakhs in 2011 as per analysis of epidemic projections which is indicative of the impact of the various interventions and scaled-up prevention strategies under the National AIDS Control Programme.

In case of malaria, the incidence of malaria in India has halted and also shows a sustained reversal of cases since last one decade.

The malaria cases have reduced from 2,031,790 cases in 2000 to 1,816,569 cases in 2005 and further to 1,067,824 cases in 2012. India has achieved 47.44% reduction in incidence of malaria cases against the baseline.

In case of Tuberculosis (TB), as per the 'Global Tuberculosis Report 2013 (WHO, 2013), prevalence of all forms of TB in India has come down from 465 per 100,000 population in 1990 to 230 per 100,000 population in 2012. Further, the mortality has reduced from over 38 per 100,000 population to 22 per 100,000 population during this period.

(c) The Government of India, under the National Rural Health Mission launched in 2005, and further under the National Health Mission set up in the 12th Plan Period, is making endeavors to focus on accelerating the achievements under the MDGs, for which it has taken the following key measures:

The States are being provided with resources under NRHM and extra allocations are being made to 184 identified High Priority Districts for improved health outcomes. Support is being provided to the states for providing free services such as immunization, family planning services, maternal, newborn and child healthcare services including those under Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), screening of children up to eighteen years for Diseases, Deficiency, Defects and Developmental Delays including Disability and medical follow up including treatment upto tertiary level under Rashtriya Bal Swasthya Karyakram (RBSK), adolescent health services, emergency patient transport and referral services, free diagnosis and treatment for communicable diseases such as TB, Leprosy and Vector Borne diseases such as Malaria, and HIV/AIDS.

(d) Data on the number of abortions done outside the authorised health centres is not maintained at national level.

As per Registrar General of India- Sample Registration System (RGI -SRS) (2001-03), 8% of maternal deaths in the country are attributed to "Abortion".

(e) The corrective measures taken by the Government of India to reduce infant mortality rate and maternal mortality ratio in the country are :

Demand promotion through Janani Suraksha Yojana (JSY), a conditional cash transfer scheme to promote institutional deliveries

Providing resources for operationalization of sub-centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care, neonatal, infant and child care services which includes setting up state of the art Maternal & Child Health Wings at high case load facilities.

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.

Capacity building of health care providers through training programmes in basic and comprehensive obstetric care, skilled attendance at birth, Integrated Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK), facility & home based newborn care, etc.

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

Under the National Iron+ Initiative, Iron and Folic Acid supplementation to pregnant, lactating women and to children and adolescents for prevention and treatment of anaemia

Identifying the severely anaemic cases in pregnant women and children at sub centres and PHCs for their timely management

To tackle the problem of anaemia 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.

Exclusive breastfeeding for first six months and promotion of appropriate infant and young child feeding practices

Engagement of more than 8.8 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 and creating awareness on maternal and child care including health and nutrition education.

Universal Immunization Program (UIP) against seven diseases for all children.

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

Janani Shishu Suraksha Karyakaram (JSSK) has been launched in 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements are available for sick newborns and infants accessing public health institutions for treatment.