

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

STARRED QUESTION NO:423  
ANSWERED ON:18.12.2009  
MILLENNIUM DEVELOPMENT GOALS  
Rajesh Shri M. B.;Sule Supriya

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

- (a) the targets set and achievements made so far in terms of maternal health under the Millennium Development Goals (MDG);
- (b) whether the maternal and infant mortality rates under the age of five years in the country are one of the highest in the world;
- (c) if so, the details thereof and the reasons therefor;
- (d) whether the Government has set any targets to bring them down;
- (e) if so the details thereof and the achievement made so far, against the said targets;
- (f) whether the Government proposes to set up a uniform mechanism and a grievance redressal and emergency response system in this regard; and
- (g) if so, the details thereof and the further steps proposed to be taken by the Government to improve maternal health and bring down the infant mortality rates to meet the targets set?

**Answer**

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

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 423 FOR 18TH DECEMBER,2009

The Millennium Development Goal 5 (MDG 5) mandates a reduction by three- quarters in the Maternal Mortality Ratio (MMR), between the years 1990 and 2015.

As per the UNICEF report titled "State of the World's Children, 2009" India ranks 46th in Maternal Mortality Ratio, 51st in Infant Mortality Rate and 49th in Under five Mortality Rate (U5MR).

Maternal, Infant and Under five Mortality are influenced by a range of socio-economic determinants besides medical causes such as hemorrhage, sepsis, hypertensive disorders, obstructed labour, abortion etc and in the case of infant and under-five mortality sepsis, low birth weight, asphyxia, pneumonia, and diarrhoea. Socio-economic factors like low level of education, poverty, cultural misconceptions and lack of access to services are also contributory factors.

Under the National Rural Health Mission (NRHM), the Government of India has set targets for reduction in Maternal Mortality Ratio to less than 100 per 100,000 live births and in Infant Mortality Rate to less than 30 per 1000 live births by the year 2012.

As per the Sample Registration System (RGI-SRS) of the Registrar General of India, MMR has shown a decline from 301 per 100,000 live births in the years 2001-03 to 254 per 100,000 live births in the years 2004-06; Infant Mortality Rate (IMR) has declined from 66 in 2001 to 53 per 1000 live births in the year 2008; while the Under five Mortality Rate has declined from 95 per thousand live births in the years 1998-99 (NFHS-II) to 74 per thousand live births in the years 2005-06 (NFHS-III).

The implementation framework of NRHM provides for states to develop their own plans as per their requirements which includes setting up State level mechanisms for grievance redressal and emergency response systems for health care delivery.

To accelerate the pace of reduction in maternal and infant and child mortality, the following key strategies and interventions are under implementation:

# Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a focus on Below Poverty Line (BPL) and SC/ST pregnant women, which has brought about significant increases in institutional delivery.

# Providing services for Essential and Emergency Obstetric and Newborn Care at health facilities like District Hospitals, Community Health Centers, other sub-district level facilities and 24 X 7 Primary Health Centers.

# Augmenting the availability of skilled manpower by means of different skill- based trainings.

# Early detection and appropriate management of Acute Respiratory Infections, Diarrhoea and other infections in children; treatment of malnourished children and supplementation of micro-nutrients, namely Vitamin A and Iron Folic Acid.

# Prevention and treatment of anemia in pregnant and lactating women by supplementation with Iron and Folic Acid tablets.

# Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community;

# Referral systems including emergency referral transport. Under the implementation framework of NRHM, states have been given flexibility for establishing systems for timely access to transport services for emergency care.