

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

UNSTARRED QUESTION NO:863

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INFANT AND MATERNAL MORTALITY RATE

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

- (a) the present status of Infant Mortality Rate (IMR) and Mother Mortality Rate (MMR) and the targets set by the Government under the Millennium Development Goals (MDGs) in the country, State/ UT-wise;
- (b) whether the Government has launched any programme/ scheme to curb the IMR and MMR, if so, the details thereof and the funds sanctioned, released and utilised by the States in this regard during each of the last three years and current year, State/UT-wise;
- (c) whether India has the highest Maternal Mortality in the world and is lagging behind in achieving the targets set under the Millennium Development Goals and if so, the details thereof and the reasons therefor;
- (d) whether the Government has undertaken any study to assess/improve the ongoing programmes/schemes to reduce the IMR and MMR and to achieve the targets set under the MDGs; and
- (e) if so, the details and the outcome thereof along with the other initiatives taken/being taken by the Government in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): As per Sample Registration System (SRS), 2013 reports published by Registrar General of India the Infant Mortality Rate (IMR) of India is 40 per 1000 live births and as per Sample Registration System (SRS), 2011-13 reports Maternal Mortality Ratio (MMR) is 167 per 1,00,000 live births in the Country.

Under the Millennium Development Goal (MDG) 4 target is to reduce Child Mortality by two-third between 1990 and 2015. In case of India, it translates into a goal of reducing Infant mortality rate from 88 per thousand live births in 1990 to 29 in 2015.

Under the Millennium Development Goal (MDG) 5, the target is to reduce Maternal Mortality Ratio (MMR) by three quarters between 1990 & 2015. This translates to reducing the MMR from 560 in 1990 to 140 in 2015.

State/UT-wise infant mortality rate and maternal mortality ratio is given in annexure I.

(b): Under National Health Mission, the following interventions are being implemented to reduce infant mortality rate and maternal mortality ratio in the Country:

1. Promotion of institutional deliveries through Janani Suraksha Yojana.
2. Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
3. Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
4. Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
5. Antenatal, intranatal and postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.
6. Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
7. Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
8. 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.

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

10. Janani Shishu Suraksha Karyakaram (JSSK) 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 have been put in place for all sick infants accessing public health institutions for treatment.

11. Universal Immunization Programme (UIP): Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, cold chain equipment and provision of operational costs.

12. 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.

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

14. Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) 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.

15. Management of Malnutrition: Nutritional Rehabilitation Centres (NRCs) have been established for management of severe acute malnutrition in children.

16. India Newborn Action Plan (INAP) has been launched to reduce neonatal mortality and stillbirths.

17. Newer interventions to reduce newborn mortality- Vitamin K injection at birth, Antenatal corticosteroids for preterm labour, kangaroo mother care and injection gentamicin for possible serious bacillary infection.

18. Intensified Diarrhoea Control Fortnight was observed in August 2014 focusing on ORS and Zinc distribution for management of diarrhoea and feeding practices.

19. Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) launched in four states with highest infant mortality (UP, MP, Bihar and Rajasthan).

State/UT-wise allocation of funds and expenditure during each of the last three years and current year is given in annexure II.

(c): Based on the UN Inter-Agency Expert Group's MMR estimates in the publication "Trends in Maternal Mortality: 1990 to 2013", the target for MMR is estimated to be 140 per 1,00,000 live births by the year 2015 taking a baseline of 560 per 100,000 live births in 1990. If the MMR declines at the same pace, India will achieve an MMR of 140 per 100,000 live births by 2015 and achieve the MDG target.

As per the information provided in the same report, 52 countries have MMR higher than that of India (Annexure III).

(d) & (e): Government of India has not undertaken any study to assess the ongoing programme/schemes to reduce the IMR and MMR. However, regular supportive supervision visits and Common Review Mission (CRM) have been conducted to assess the progress of ongoing interventions for improvement of infant and maternal health outcomes annually in the States/UTs.

Based on these assessments, States/UTs are guided to prepare Annual Program Implementation Plan (PIP) to focus on priority interventions to improve infant and maternal health outcomes in each State/UT.

To sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been identified for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.