

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

UNSTARRED QUESTION NO:789

ANSWERED ON:24.07.2015

Millennium Development Goals

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

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

(a) whether the country is going to achieve its Millennium Development Goals concerning health indicators like Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Total Fertility Rate (TFR) etc. by the end of year 2015;

(b) if so, the details thereof indicating the progress made in reducing IMR, MMR and TFR during each of the last three years and the current year, State/UT-wise, and

(c) the steps taken/being taken by the Government to achieve the target during the current year?

**Answer**

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI JAGAT PRAKASH NADDA)

(a)& b): Under the Millennium Development Goals (MDGs), the MDG 5 target is to reduce maternal mortality ratio (MMR) by three quarters between 1990 and 2015. This translates to reducing the MMR from 560 in 1990 to 140 in 2015. India is likely to reach an MMR of 140 if current compound rate of annual decline continues.

MDG 4 target is for reduction of child mortality by two-third between 1990 and 2015. In terms of Infant Mortality Rate (IMR), this translates into IMR of 29/1000 live births to be achieved by 2015. As per the latest, Sample Registration System (SRS) Report published by the Registrar General of India(RGI) in 2013, the IMR in India is 40/1000 live births. As per SRS 2013, 15 States/UTs have already achieved MDG 4 (IMR = 29) namely Kerala, Tamil Nadu, Goa, Andaman & Nicobar Islands, Chandigarh, Daman & Diu, Delhi, Lakshadweep, Puducherry, Manipur, Maharashtra, Nagaland, Tripura, Sikkim, Punjab.

No targets have been set under MDG for Total Fertility Rate (TFR). The progress however for TFR as per SRS in 2011 & 2012 was 2.4 and has declined to 2.3 in 2013. 24 States and UTs having already achieved the replacement level of fertility of 2.1.

Contdâ€¦â€¦â€¦.

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The achievement during the last 3 years for MMR, IMR and TFR state-wise is at Annexure-1, Annexure-2 and Annexure-3 respectively.

(c) : The key steps taken to accelerate the pace of reduction for Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate(TFR) under the National Health Mission (NHM) for achieving MDG goals are:

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

â€¢ Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.

â€¢ 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.

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

â€¢ Mother and Child Tracking System is being implemented to ensure antenatal, intranatal and postnatal care along-with immunization services.

â€¢ Identifying the severely anaemic cases of pregnant women at sub centres and PHCs for their timely management

â€¢ Operationalization of Safe Abortion Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on "Delivery Points".

â€¢ Maternal Death Review (MDR) is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.

â€¢ Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.

â€¢ Under National Iron Plus Initiative (NIPI), through life cycle approach, age and dose specific IFA supplementation programme is

being implemented.

• 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.

• Capacity building of health care providers in basic and comprehensive obstetric care, Integrated Management of Neo-natal and Childhood Illness (IMNCI), Navjaat Shishu Suraksha Karyakaram (NSSK), Facility Based Newborn Care (FBNC) and Infant and Young Child Feeding practices (IYCF) etc.

• Setting up of Skill Labs with earmarked skill stations for different training programs to enhance the quality of training in the states.

• A new initiative of "Prevention of Post Partum Hemorrhage (PPH) through Community based advance distribution of Misoprostol" by ASHAs/ANMs for high home delivery districts.

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• Emphasis on facility based newborn care i.e. Special New Born Care Units (SNCUs), Newborn Stabilization Units (NBSUs) and Newborn Care Corners (NBCCs) at different levels to reduce child morbidity and mortality.

• Launch of India Newborn Action Plan (INAP) with an aim to reduce neonatal mortality and stillbirths to single digit by 2030.

• Newer interventions to reduce newborn mortality- Vitamin K injection at birth, Antenatal corticosteroids for preterm labour, kangaroo mother care and injection gentamicin to young infants in cases of suspected sepsis.

• Newer interventions to reduce maternal mortality and morbidity- Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Training of General Surgeons for performing Caesarean Section, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy and Dakshata guidelines for strengthening intra-partum care

• Home based newborn care through ASHAs to improve new born practices at the community level and early detection and referral of sick new born babies.

• Intensified Diarrhoea Control Fortnight (IDCF) to be observed in July-August 2015 focusing on ORS and Zinc distribution for management of diarrhoea and feeding practices.

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

• Nutritional Rehabilitation Centres (NRCs) have been established for management of severe acute malnutrition in children.

• Appropriate Infant and Young Child Feeding practices are being promoted in convergence with Ministry of Woman and Child Development.

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

• Universal Immunization Programme (UIP): Vaccination protects children against seven vaccine preventable diseases.

• Mission Indradhanush has been launched in 201 high focus districts to fully immunise more than 89 lakh children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunisation for various reasons.

• Rashtriya Bal Swasthya Karyakram (RBSK) for health screening and early intervention services has been launched to provide comprehensive care to all the children in the age group of 0-18 years in the community.

• Expansion of Family Planning Choices through introduction of new device- Cu IUCD 375 (effective for five years) introduced in program in 2012-13 and introduction of new method Post partum IUCD in 2010-11 has provided post partum women an effective spacing option

• Influencing the demand through ASHA Schemes for Family Planning through Scheme of Home Delivery of Contraceptives by ASHAs, Scheme of Ensuring Spacing at Birth and Pregnancy Testing Kits (PTK) scheme

• Promoting quality sterilization services through enhanced compensation scheme, ensuring drop back services to sterilization clients and dedicated Mobile teams for FP services.

• Promoting quality IUCD services by introducing PPIUCD incentive scheme, development of online beneficiary based software to track IUCD removals/complications and increasing provider's base for providing IUCD services through Task shifting.

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