

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

UNSTARRED QUESTION NO:1100

ANSWERED ON:22.07.2016

Infant and Maternal Mortality Rate

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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 Government is aware that India has one of the highest Infant and Maternal Mortality rate;
- (b) if so, the details of the child and maternal mortality rates in the urban and rural areas during the last three years, State/UT-wise including Gujarat, Maharashtra and Madhya Pradesh;
- (c) whether the Government has ascertained the reasons for Infant and maternal mortality, if so, the details thereof;
- (d) whether the declining trend of the above mortality rates have been good in some States/UTs and slow in others seriously undermining the achievement of targets of reducing Under Five Mortality Rate and broader target of Millennium Development Goal (MDG), if so, the details thereof; and
- (e) the steps taken by the Government to reduce Infant and Maternal Mortality rate including monitoring mechanism in place to check its effective implementation along with funds allocated for the purpose during the last three years, State/UT-wise?

Answer

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SHRI FAGGAN SINGH KULASTE)

(a) & (b): The Infant Mortality rate in India has shown constant decline from 47 per 1000 live births in the year 2010 to 40 per 1000 live births in 2013, as per the reports of Sample Registration System (SRS) published by the Registrar General of India (RGI).

Similarly, Maternal Mortality Ratio (MMR) in India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 167 per 100,000 live births in the period 2011-13, according to the SRS Reports.

State-wise Child Mortality Rates for Urban and Rural areas, which are available for 20 States including Gujarat, Maharashtra and Madhya Pradesh, as per SRS Reports of RGI for last three years (2011-13) are placed at Annexure - 1.

The RGI provides data on MMR for the country and major states. RGI does not capture disaggregated data on MMR for rural and urban areas separately. A comparative decline in MMR in India and State-wise during the past 3 RGI-SRS surveys i.e. 2007-09, 2010-12 and 2011-13 including the State of Gujarat, Maharashtra and Madhya Pradesh is placed at Annexure - 2.

(c): As per SRS Estimates (2011-13), the major causes of deaths of infants are as under:

- o Prematurity & low birth weight-35.9%
- o Pneumonia- 16.9%
- o Birth asphyxia & birth trauma- 9.9%
- o Other non-communicable diseases- 7.9%
- o Diarrhoeal diseases- 6.7%
- o Congenital anomalies- 4.6%
- o Infections- 4.2%
- o Injuries- 2.1%
- o Fever of unknown origin- 1.7%
- o Others- 10%

The major causes of maternal deaths as per RGI-SRS (2001-03) are:

- o Haemorrhage: 38%
- o Sepsis: 11%,
- o Abortion: 8%
- o Hypertensive disorders: 5%, because of High Blood pressure during pregnancy.
- o Obstructed labour :5%

o Other causes: 34%- includes anaemia and various other causes.

(d): Under 5 Morality rate (U5MR) has declined from 69 in 2008 to 49 in 2013 thus showing a 20 points drop in last five years and India is slated to reach close to the MDG-4 target of attaining the U5MR of <42 per 1000 live births, if the trend is sustained. As per SRS 2013 report, 11 States have achieved MDG target, namely Andhra Pradesh, Delhi, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, Telangana and West Bengal.

MDG-5 target is to reduce MMR by three quarters between 1990 and 2015. This translates to reducing the MMR to 140 in 2015. As per the official report of the Registrar General of India, Sample Registration System (RGI-SRS), Maternal Mortality Ratio (MMR) of India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 167 per 100,000 live births in the period 2011-13. India's MMR is likely to reach 141 if current rate of annual decline continues.

States which have achieved MMR of 140 or less per 100,000 live-births in 2011-13 are- Kerala, Tamil Nadu, Maharashtra Andhra Pradesh, Gujarat, Haryana, Karnataka, and West Bengal.

(e): The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country to reduce infant and maternal mortality:

i. Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free and no expense ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

ii. Strengthening of delivery points for providing comprehensive and quality Reproductive, maternal, newborn, Child and Adolescent Health (RMNCH+A) Services, establishment of Maternal and Child Health (MCH) Wings at high caseload facilities, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.

iii. Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.

iv. Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Diphtheria, Pertussis, Tetanus, Poliomyelitis, Tuberculosis, Measles, Hepatitis B, Meningitis and Pneumonia due to Haemophilus Influenzae type B. In addition, vaccination against Japanese Encephalitis is carried out in endemic districts and vaccination against Rotavirus diarrhoea is provided in four states (Odisha, Himachal Pradesh, Haryana and Andhra Pradesh).

v. Name based tracking of mothers and children till two years of age is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.

vi. Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.

vii. Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, annual deworming on National Deworming Day (NDD), home visitation by ASHAs (Home Based Newborn Care) to promote exclusive breast feeding and early detection and referral of sick newborns and promote use of ORS and Zinc for management of diarrhoea in children.

viii. Various trainings are being conducted under NHM to train doctors, nurses and ANMs for antenatal, intranatal and post-natal care, essential newborn care, early diagnosis and case management of common ailments of children.

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

x. 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.

xi. Regular supportive supervision visits and Common Review Mission (CRM) are conducted to monitor the progress of ongoing interventions for improvement of infant and maternal health outcomes in the States/UTs.

The funds allocated and released during the last three years, State and UT wise for the Reproductive and Child Health programme under the National Health Mission are detailed at Annexure-3.