

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

UNSTARRED QUESTION NO:1066

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INFANT CHILD AND MATERNAL MORTALITY

Jayadevan Shri C. N.;Poddar Smt. Aparupa;Premachandran Shri N.K.;Ram Mohan Naidu Shri Kinjarapu;Reddy Shri Midhun;Shekhawat Shri Gajendra Singh;Singh Shri Ravneet;Sundaram Shri P.R.;Venugopal Dr. Ponnusamy

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

- (a) whether the incidence of infant, child and maternal mortality rate in the country is quite high as compared to certain other developing countries of the world;
- (b) if so, the details of the infant, child and maternal mortality rate reported in the tribal, rural and urban areas separately during each of the last three years and the current year along with the reasons for high mortality rate in the country, State/UTwise;
- (c) whether India is lagging behind in achieving the targets set under Millennium Developing Goals (MDGs);
- (d) if so, the details of the goals set under the MDGs pertaining to health sector and the achievements made so far along with the reasons for slow progress in this regard; and
- (e) the details of the programmes/ schemes and awareness campaign launched along with the funds/incentives released/ utilised to check the high rate of infant, child and maternal mortality rate during the said period, scheme and State/UT-wise?

Answer

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

(a): # No. As per Sample Registration System report 2013 of Registrar General of India,(RGI) Infant mortality rate in India is 40 per 1000 live births. As per Sample Registration System report 2012 of RGI, Under five Mortality is 52 per 1000 live births and Maternal Mortality Rate is 178 per 100,000 live births.

As per available WHO / UNICEF global report, 47 countries have higher IMR than India , 45 countries have higher Under five Mortality Rate than India and 52 countries have higher MMR than India

(b): As per Sample Registration System of RGI, the details of Infant, child and maternal mortality rate at the National level for last three Years are as below. State and UT wise details along with rural urban disaggregation for IMR are provided at Annexure 1 and U5MR is at Annexure 2. The RGI-SRS provides MMR for the country and major states at 3-year intervals. Separate data for MMR for tribal, rural and urban areas is not given in this report. The state wise details of MMR are at Annexure 3

Year	2009	2010	2011	2012	2013
Infant Mortality Rate / 1000 live births	50	47	44	42	40
Maternal mortality ratio / 100,000 live births	178				
	(2010-2012)				

The various causes of child mortality and maternal mortality as per available estimates are as follows.

The causes of child mortality in the age group 0-5 years in India are Neonatal causes (52%), Pneumonia (15%), Diarrhoeal disease (11%), Measles (3%), Injuries (4%), others (15%) and causes of maternal mortality are Haemorrhage (38%), Sepsis (11%), Hypertensive Disorders (5%), Obstructed Labour (5%), Abortion (8%) and Other Conditions (34%).

The underlying causes for child and maternal mortality are:

Early age of marriage and pregnancy, inadequate spacing between children and repeated pregnancies, home delivery by unskilled persons, poor child care practices and health seeking behaviour, lack of early detection of sick newborn, inadequate/ delayed referral mechanisms, inadequate infrastructure at health care facilities for specialized care of sick newborn, and poor hygiene and sanitary condition with inadequate availability of safe drinking water.

(c) & (d): No. There are three Millennium Development Goals (MDGs) pertaining to health sector and these are MDG 4 related to child

mortality, MDG 5 related to maternal health and MDG 6 related to combating HIV/AIDS, Malaria and other diseases. The status of these goals is as below:

MDG 4 target is to reduce the under-five mortality rate among children by two-third between 1990 and 2015. In case of India, it translates into a goal of reducing under five mortality rate from 126 per thousand live births in 1990 to 42 in 2015. In 2012 under five mortality rate in India is 52 and it may reach 42 by 2015 if the current trend of annual decline of 6.8 percent continues.

MDG 5 target is to reduce maternal mortality ratio by three quarters between 1990 and 2015. This translates to reducing the MMR from 560 in 1990 to 140 in 2015. India's MMR is likely to reach 141 if the current pace of decline continues.

MDG 6 target is to halt and reverse the spread of HIV/AIDS, malaria and other major diseases by 2015. The malaria incidence has come down from 2.57 cases per thousand population in 1990 to 0.88 cases per thousand population. In case of tuberculosis the prevalence rate has come down from 465 per 100,000 population in 1990 to 230 in 2012 per 100,000 population, achieving 50.54 percent reduction. In case of HIV/AIDS, new annual HIV infections have declined by 57 percent during the last decade from 2.74 lakhs in 2000 to 1.16 lakhs in 2011.

The details of the funds allocated for Child and maternal Health programmes under NRHM are placed at Annexure 4&5. Under National Health Mission, the following interventions are being implemented to reduce infant and maternal mortality rates.

1. 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.

2 Promotion of institutional deliveries through Janani Suraksha Yojana. The expenditure under JSY has risen from 38.29 crores in 2005-06 to Rs 1762.82 crores in 2013-14. The number of JSY beneficiaries has also risen from 7.39 lakhs in 2005-06 to more than 106.48 lakhs in 2013-14.

3 Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.

4 Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.

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

6 Antenatal, intranatal and postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.

7 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.

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

9 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.

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

11 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.

12 More than Rs 2000 crores have been allocated to the States for the year 2013-14 for providing the free entitlements under JSSK while Rs 2107 crores was allocated during 2012-13 under RCH & NRHM Flexipool.

13 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.

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

15 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.

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).