GOVERNMENT OF INDIA

MINISTRY OFHEALTH AND FAMILY WELFARE

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QUESTION NO09.11.2010

ANSWERED ON

HIGH MMR IN THE COUNTRY .

92 SHRIMATI SHOBHANA BHARTIA

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

(a) whether it is a fact that the country still tops the global list as far as the Maternal Mortality Rate (MMR) is concerned;

(b) whether the annual rate of decline in MMR is still much less than what is needed to achieve the target of the Millennium Development Goals (MDG);

(c) the reasons why the country has failed to bring down the high MMR; and

(d) the steps that are being taken to address the issue of maternal health in rural areas?

ANSWER

THE MINSITER OF HEALTH AND FAMILY WELFARE

(SHRI GHULAM NABI AZAD)

(a) to (d): No. According to the estimates developed by WHO, UNICEF, UNFPA and The World Bank, the Maternal Mortality Ratio (MMR) in India is 230 per lakh live births and India ranks 127 among 181 countries when arranged in ascending order of MMR. As per these estimates, “Trends in Maternal Mortality: 1990 to 2008` released by the WHO, UNICEF, UNFPA and the World Bank, the MMR in India has come down from 570 in 1990 to 230 in 2008.

One of the key constraints is shortage of trained human resource i.e. doctors, specialists and nurses particularly in rural areas leading to high incidence of home deliveries and lack of ante-natal, intra-natal and post-natal care.

The National Rural Health Mission (NRHM) and under its umbrella, the Reproductive and Child Health Programme Phase II, seeks to improve the availability of and access to quality health care including Maternal and Child Health services particularly to rural population throughout the country, with a special focus on 18 States with weak public health indicators and weak infrastructure and to accelerate the progress to achieve the MDG goals. Under this programme, the steps taken by the Government to reduce maternal mortality are:

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

2. Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal care services, including Ante-natal, Intra-natal and Post-natal care.

3. Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendant; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarean Section.

4. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation. IFA tablets are distributed to pregnant and lactating woman through the Sub-Centre ANMs and through outreach activities at Village Health and Nutrition Days (VHNDs).

5. Referral systems including emergency referral transport, for which the states have been given flexibility to use different models of referral transport to improve access to health facilities and reduce delay in seeking health care.

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