

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA  
UNSTARRED QUESTION NO. 1419  
TO BE ANSWERED ON 14<sup>th</sup> MARCH, 2017**

**MATERNAL MORTALITY RATE IN TELANGANA**

**1419. SHRI MOHD. ALI KHAN:**

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

- (a) whether it is a fact that the Maternal Mortality Rate is reported high in Adilabad District of Telangana during last two years; if so, the details thereof; and
- (b) whether Government has any specific strategy to ensure safety of the mother and child in interior tribal areas?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

(a): Sample Registration System (SRS) of RGI, is the data source for Maternal Mortality Ratio. SRS does not provide district wise estimates for MMR. MMR for undivided Andhra Pradesh for 2011-13 was 92 per 1 lakh live births.

(b): Under National Health Mission, a host of services are provided to pregnant women and children including those from tribal areas to ensure the safety of pregnant women and children. Details are annexed.

## Annexure

### Strategies for safety of mothers and children under NHM

- Promotion of institutional deliveries through Janani Suraksha Yojana (JSY).
- 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.
- Operationalization of Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care.
- Capacity building of health care providers in basic and comprehensive obstetric care with a strategic initiative “Dakshata” to enable service providers in providing high quality services during childbirth at the institutions
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Mother and Child Tracking System is being implemented to ensure antenatal, intranatal and postnatal care along-with immunization services.
- Engagement of more than 9.45 lakh Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
- Identifying the severely anaemic cases of pregnant women at sub centres and PHCs for their timely management
- Operationalization of Safe Abortion Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on “Delivery Points”.
- 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.
- Under National Iron Plus Initiative (NIPI), through life cycle approach, age and dose specific IFA supplementation programme is being implemented. After the first trimester of pregnancy, every pregnant woman during ANC is given iron and folic acid (IFA) tablets for six months, after the first trimester of pregnancy and six months post-partum. Pregnant women, who are found to be clinically anaemic, are given double the dose of IFA.

- 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.
- 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.
- 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.
- Pradhan Mantri Surakshit Matritva Abhiyan has been initiated to provide comprehensive and quality antenatal care to pregnant women on the 9<sup>th</sup> of every month.

Besides this, for tribal districts including tribal blocks, following key activities are also being simultaneously implemented based on proposals from State Governments. These are:

- **Creation of Birth Waiting Homes:** In remote and tribal areas, with poor road connectivity and access to health facilities, pregnant women can come and stay in these homes well before their expected date of delivery (EDD) and transferred to the facility once they go into labour.
- **Special and innovative transportation:** In remote and inaccessible areas where there is no motorable road, special schemes and incentives are being given to the states as per their proposal for bringing pregnant women and sick neonates (by palkis, carts, etc) to the nearest road head that serves as a pickup point for referral transport.
- **Suitable incentives to ANMs (SBAs):** ANMs trained in SBA can be incentivized for attending home deliveries in pre-identified and notified villages in remote and inaccessible areas where it is difficult to bring a woman to the institution for delivery on account of geographical/climatic exigencies.
- In addition, a norm of “**Time to care**” has been adopted under which a Sub Centre can be set up within 30 minutes by walk from habitations in selected districts of hilly States and desert areas.