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

RAJYA SABHA
UNSTARRED QUESTION No. 730
TO BE ANSWERED ON 8th FEBRUARY 2022

IMR AND MMR STATUS IN INDIA

730: DR. SASMIT PATRA:

Will the **MINISTER of HEALTH AND FAMILY WELFARE** be pleased to state:
(a) the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in India over the last five years, year-wise and State-wise;

(b) the steps undertaken to improve the IMR and MMR in India; and

(c) the degree of success so far in improving the IMR and MMR with specific reference to Odisha?

ANSWER

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

(DR. BHARATI PRAVIN PAWAR)

(a) to (c):

As per the Sample Registration System (SRS) Bulletin of Registrar General of India (RGI), the Infant Mortality Rate (IMR) has reduced from 37 per 1000 live births in 2015 to 30 per 1,000 live births in 2019 at National Level. Infant Mortality Rate in the State of Odisha has reduced from 46 in 2015 to 38 in 2019.
The State/ UT wise details of Infant Mortality Rate (IMR) for the period from 2015 to 2019 are placed at Annexure I.

As per the Sample Registration System (SRS) Report of Registrar General of India (RGI), the Maternal Mortality Rate (MMR) has reduced from 8.1 in 2015-17 to 7.3 in 2016-18 at National Level. The State of Odisha has shown decline in MMR from 11.1 in 2015-17 to 9.7 in 2016-18. The Status of MMR at National level and State level as per SRS 2015-17 and 2016-18 is placed at Annexure II.

In order to bring down Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), the Ministry of Health and Family Welfare (MoHFW) is supporting all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States/ UTs. The details of interventions are placed at Annexure III.

Annexure I

S. No.	National/ State/ UT	Infant Mortality Rate (per 1000 live births)				
		2015	2016	2017	2018	2019
	ALL INDIA	**37**	**34**	**33**	**32**	**30**
1	Andhra Pradesh	37	34	32	29	25
2	A&N Islands	20	16	14	9	7
3	Arunachal Pradesh	30	36	42	37	29
4	Assam	47	44	44	41	40
5	Bihar	42	38	35	32	29
6	Chandigarh	21	14	14	13	13
7	Chhattisgarh	41	39	38	41	40
8	D&N Haveli	21	17	13	13	11
9	Daman & Diu	18	19	17	16	17
10	Delhi	18	18	16	13	11
11	Goa	9	8	9	7	8
12	Gujarat	33	30	30	28	25
13	Haryana	36	33	30	30	27
14	Himachal Pradesh	28	25	22	19	19
15	J & K including Ladakh	26	24	23	22	20
16	Jharkhand	32	29	29	30	27
17	Karnataka	28	24	25	23	21
18	Kerala	12	10	10	7	6
19	Lakshadweep	20	19	20	14	8
20	Madhya Pradesh	50	47	47	48	46
21	Maharashtra	21	19	19	19	17
22	Manipur	9	11	12	11	10
23	Meghalaya	42	39	39	33	33
24	Mizoram	32	27	15	5	3
25	Nagaland	12	12	7	4	3
26	Odisha	46	44	41	40	38
27	Puducherry	11	10	11	11	9
28	Punjab	23	21	21	20	19
29	Rajasthan	43	41	38	37	35
30	Sikkim	18	16	12	7	5
31	Tamil Nadu	19	17	16	15	15
32	Telangana	34	31	29	27	23
33	Tripura	20	24	29	27	21
34	Uttar Pradesh	46	43	41	43	41
35	Uttarakhand	34	38	32	31	27
36	West Bengal	26	25	24	22	20
Source: Sample Registration System of Registrar General of India						

Status of Maternal Mortality Rate (MMR)		
India/ States	**2015-17**	**2016-18**
ALL INDIA	**8.1**	**7.3**
Andhra Pradesh	3.6	3.6
Assam	15.2	14.0
Bihar	16.9	15.1
Jharkhand	6.1	5.6
Gujarat	6.0	5.1
Haryana	7.7	7.0
Karnataka	7.3	4.9
Kerala	1.9	2.1
Madhya Pradesh	17.5	15.9
Chhattisgarh	11.0	12.1
Maharashtra	3.3	2.6
Odisha	11.1	9.7
Punjab	6.8	7.0
Rajasthan	16.8	14.5
Tamil Nadu	4.8	3.2
Telangana	3.8	3.6
Uttar Pradesh	20.1	17.8
Uttarakhand	5.9	6.4
West Bengal	5.0	5.0
Other States	4.7	4.5
Source: Sample Registration System (SRS) of Registrar General of India (RGI)		

Annexure III

Interventions for improving Maternal Mortality Rate (MMR):

- **Janani Suraksha Yojana (JSY),** a demand promotion and conditional cash transfer scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality by promoting institutional delivery among pregnant women.
- **Janani Shishu Suraksha Karyakram (JSSK)** aims to eliminate out-of-pocket expenses for pregnant women and sick infants by entitling them to free delivery including caesarean section, free transport, diagnostics, medicines, other consumables, diet and blood in public health institutions.
- **Surakshit Matratva Ashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women fixed day, free of cost assured and quality Antenatal Care on the 9th day of every month.
- **LaQshya** aims to improve the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum period.
- **Comprehensive Abortion Care services** are strengthened through trainings of health care providers, supply of drugs, equipment, Information Education and Communication (IEC) etc.
- **Midwifery programme** is launched to create a cadre for Nurse Practitioners in Midwifery who are skilled in accordance to International Confederation of Midwives (ICM) competencies and capable of providing compassionate women-centred, reproductive, maternal and new-born health care services.
- **Delivery Points-**Over 25,000 'Delivery Points' across the country are strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCAH+N services.
- Functionalization of **First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages etc.
- Setting up of **Maternal and Child Health (MCH) Wings** at high case load facilities to improve the quality of care provided to mothers and children.
- Operationalization of **Obstetric ICU/HDU** at high case load tertiary care facilities across country to handle complicated pregnancies.
- **Capacity building** is undertaken for MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- **Maternal Death Surveillance Review** (MDSR) is implemented both at facilities and at the community level. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
- Monthly **Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity for provision of maternal and child care including nutrition.
- Regular IEC/BCC activities are conducted for early registration of ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.

- **MCP Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

Interventions for improving Infant Mortality Rate (IMR):

- **Facility Based New-born Care:** Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of Childhood morbidity and mortality due to Pneumonia.
- **Universal Immunization Programme (UIP)** is implemented to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rota-viral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) has been introduced in all the States and UTs.
- **Rashtriya Bal Swasthya Karyakaram (RBSK):** Children from 0 to 18 years of age are screened for 30 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakaram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Anaemia Mukt Bharat (AMB) strategy** as a part of POSHAN Abhiyan aims to strengthen the existing mechanisms and foster newer strategies to tackle anaemia which include testing & treatment of anaemia in school going adolescents & pregnant women, addressing non nutritional causes of anaemia and a comprehensive communication strategy.
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.