

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

**RAJYA SABHA
UNSTARRED QUESTION NO.2341
TO BE ANSWERED ON 21ST MARCH, 2023**

MATERNAL AND INFANT MORTALITY RATE

2341. SHRI MUKUL BALKRISHNA WASNIK:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to State:

- (a) the list of revenue blocks in the country, State-wise having maternal and infant mortality rate higher than the national average;
- (b) whether Government has set any goals to bring down maternal and infant mortality rate;
- (c) if so, the details thereof and the strategy adopted by Government; and
- (d) if not, the reasons therefor?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) The Office of Registrar General of India provides estimates on Maternal Mortality Ratio (MMR) State wise using the Sample Registration System (SRS). As per the latest report of Special Bulletin on Maternal Mortality released by RGI, Maternal Mortality Ratio (MMR) of India reduced from 103 per 100,000 live births in 2017-19 to 97 per 100,000 live births in 2018-20. The detailed State-wise MMR is placed at Annexure 1.

Similarly, SRS report provides State/ UT wise Infant Mortality Rate on annual basis which is placed at Annexure 2.

(b) to (d) India has committed to the UN target for Sustainable Development Goal (SDG) for MMR at 70 per 1,00,000 live births by 2030 and NHP (National Health Policy) 2017 target for MMR less than 100 per 1,00,000 live births by 2020. India has already accomplished the National Health Policy (NHP) target for MMR.

Similarly, under National Health Policy 2017, the target for Infant Mortality Rate was 28 per 1000 live births at National level for the year 2019.

The Ministry of Health and Family Welfare (MoHFW) supports 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 Programme Implementation Plan (PIP) submitted by States/ UTs to reduce MMR & Neonatal Mortality Rate.

Under the National Health Mission (NHM), the following strategies are adopted by the Government to reduce MMR & Neonatal Mortality Rate:

- **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 Karyakaram (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 Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and new-born visiting the public health facility to end all preventable maternal and new-born deaths.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality Antenatal Care on the 9th day of every month. Further, Extended PMSMA (e-PMSMA) strategy is implemented to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of financial incentivization for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.
- **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.
- **Comprehensive Abortion Care services** are strengthened through trainings of health care providers, supply of drugs, equipments, Information Education and Communication (IEC) etc.

- **Monthly Village Health and Nutrition Days (VHND)** as an outreach activity at Anganwadi centres for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Delivery Points-** ‘Delivery Points’ have been 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 caseload 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 taken-up 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 is 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.
- **Reproductive and child health (RCH) portal** is a name-based web-enabled tracking of pregnant women and new-born to ensure provision of regular and complete services to them including antenatal care, institutional delivery and post-natal care.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY)**, is a maternity benefit program run by the Ministry of Women and Child Development, Government of India. The maternity benefit is available to a woman for the first living child of family subject to fulfilment of conditionalities. All Pregnant Women who have their pregnancy for the first child in family on or after 01.01.2017 are eligible for getting

benefit under the programme. Further, as per the new guideline for 'Mission Shakti', applicable with effect from 01.04.2022, the scheme (PMMVY 2.0) seeks to promote positive behavioural change towards girl child by providing additional cash incentive for the second child, if that is a girl child.

- **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 32 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** initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Anaemia Mukta 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.

Annexure 1

**State-wise Maternal Mortality Ratio (MMR) as per Sample Registration System (SRS)
2018-20**

Name of the State/UTs	SRS 2018-20
Assam	195
Madhya Pradesh	173
Uttar Pradesh	167
Chhattisgarh	137
Odisha	119
Bihar	118
Rajasthan	113
Haryana	110
Punjab	105
West Bengal	103
Uttarakhand	103
India	97
Karnataka	69
Gujarat	57
Jharkhand	56
Tamil Nadu	54
Andhra Pradesh	45
Telangana	43
Maharashtra	33
Kerala	19
Other States	77

(Source: RGI: Special Bulletin on MMR)

Annexure-2

Details of Infant Mortality Rate (2020)	
INDIA	28
Andhra Pradesh	24
A&N Islands	7
Arunachal Pradesh	21
Assam	36
Bihar	27
Chandigarh	8
Chhattisgarh	38
D&N Haveli	16
Daman & Diu	
Delhi	12
Goa	5
Gujarat	23
Haryana	28
Himachal Pradesh	17
Jammu & Kashmir	17
Jharkhand	25
Karnataka	19
Kerala	6
Ladakh	16
Lakshadweep	9
Madhya Pradesh	43
Maharashtra	16
Manipur	6
Meghalaya	29
Mizoram	3
Nagaland	4
Odisha	36
Puducherry	6
Punjab	18
Rajasthan	32
Sikkim	5
Tamil Nadu	13
Telangana	21
Tripura	18
Uttar Pradesh	38
Uttarakhand	24
West Bengal	19
Source: Sample Registration System (SRS) of Registrar General of India (RGI)	
