

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

**LOK SABHA
UNSTARRED QUESTION NO. 4018
TO BE ANSWERED ON 04TH JANUARY, 2019**

INFANT AND MATERNAL MORTALITY

4018. SHRI HARISH CHANDRA ALIAS HARISH DWIVEDI:

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

- (a) the increase in percentage of maternal mortality rate in rural and urban areas of the country separately during the last three years and the current year;
- (b) whether the country has very high infant mortality rate;
- (c) if so, the details thereof, along with the reasons therefor, State/UT-wise; and
- (d) the corrective steps taken by the Government to reduce the number of maternal and infant mortality in the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): As per the latest RGI-SRS Report on Maternal Mortality Ratio (MMR) in India 2014-16; the MMR of India has declined by 37 points from 167/ lakh live births in 2011-13 to 130/ lakh live births in 2014-16. RGI-SRS Report does not publish separate MMR for urban and rural areas of the country.

(b) &(c): As per Sample registration System (SRS) of Registrar General of India, the Infant Mortality Rate (IMR) at National level is 34 per 1,000 live births in 2016. The country has shown continuous decline in Infant Mortality Rate (IMR) since 2014.

(d): To reduce MMR & IMR, various programmes and schemes under National Health Mission are being implemented by States/ UTs and the Central government recommends financial assistance to States/ UTs based on proposals received in their Annual Program Implementation Plan (APIP). Details of these programmes are annexed.

.....

Annexure

Steps taken/ being taken by the Government to reduce MMR

- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme is being implemented with the objective of reducing Maternal and Infant Mortality by encouraging institutional deliveries.
- **Janani Shishu Suraksha Karyakram (JSSK)** aims to eliminate out-of-pocket expenses for pregnant women and sick neonates. Under JSSK, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. This also includes absolutely free transport, diagnostics, medicines, other consumables, food and blood, if required. The scheme has now been expanded to cover sick infants up to one year of age.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** has been launched to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- **LaQshya** is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres in order to improve quality of care around birth and ensure respectful maternity care.
- Special provision of **Birth waiting homes** has been made under NHM for pregnant women from tribal/ difficult areas.
- Under NHM States are supported to provide monetary and non-monetary incentives including hard area allowances etc to attract **Human Resources**.
- **Maternal and Child Health (MCH) Wings** are established at high caseload facilities to improve the quality of care provided to mothers and children.
- **Capacity building** of MBBS doctors in Anaesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills is undertaken to overcome the shortage of specialists in these disciplines, particularly in rural areas. **Skill Labs** are being set up to enhance the quality of training.
- **Mother and Child Tracking System (MCTS)** and Mother and Child Tracking Facilitation Centre (MCTFC): A name based web enabled system has been introduced by Government of India to track every pregnant women and child in order to ensure and monitor timely and quality services to them.
- Universal screening of **Gestational Diabetes Mellitus**, screening for **hypothyroidism** for high risk group during pregnancy has been initiated.
- Over 10 lakhs **Accredited Social Health Activists (ASHAs)** have been engaged to facilitate access of health care services by the community, particularly pregnant women.

- Under the **Anemia Mukht Bharat** (Intensified National Iron Plus Initiative), iron and folic acid supplementation is provided across life stages including for pregnant, lactating women and adolescent girls at health facilities and during outreach activities.
- IEC/BCC focusing on messages on early registration for ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc is carried out regularly to raise awareness of beneficiaries.

Steps taken/ being taken by the Government to reduce IMR

Apart from implementation of above mentioned schemes such as **Janani Suraksha Yojana (JSY)**, **Janani Shishu Suraksha Karyakaram (JSSK)**, **LaQshya** etc mentioned above, following is implemented:

- Establishment of **Special Newborn Care Units (SNCU)**, **Newborn Stabilization Units (NBSU)** and **Kangaroo Mother Care (KMC)** units for care of sick and small babies.
- **Home Based Newborn Care (HBNC)** and **Home Based Care of Young Children (HBYC)** by ASHAs to improve child rearing practices.
- Focus on **Infant and Young Child Feeding (IYCF)** practices in convergence with Ministry of Women and Child Development. **Mothers' Absolute Affection (MAA)** programme for improving breastfeeding practices
- **Universal Immunization Programme (UIP)** to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B , Measles and Hib Meningitis. **“Mission Indradhanush and Intensified Mission Indradhanush”** launched to fully immunize children who are either unvaccinated or partially vaccinated.
- **Rashtriya Bal Swasthya Karyakram (RBSK)** for health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services.
- **Nutrition Rehabilitation Centres (NRCs)** to treat and manage the children with Severe Acute Malnutrition (SAM).
- Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups and home visits by ASHAs to promote use of ORS and Zinc for management of diarrhoea in children.
- Health and nutrition education through Information, Education & Communication (IEC) and **Behaviour Change Communication (BCC)**.
- **Capacity building** of health care providers in essential new-born care.