

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

**LOK SABHA  
UNSTARRED QUESTION NO. 969  
TO BE ANSWERED ON THE 8<sup>TH</sup> DECEMBER 2023**

**IMPROVING CHILD AND MATERNAL HEALTH IN BIHAR**

**969. SHRI RAJIV PRATAP RUDY:**

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

- (a) whether it is a fact that Bihar is one of the most nutritionally deprived States in the country, according to the Multidimensional Poverty Index report released by NITI Aayog;
- (b) if so, the details thereof along with child and maternal mortality in the country including Bihar, State/UT-wise; and
- (c) the details of various policies and programs implemented by the Government to improve the status of health in Bihar?

**ANSWER**

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

(a) and (b) As per the NITI Aayog National Multidimensional Poverty Index Report, the undernutrition figures for the total population in Bihar is 42.20 percent, which is based on the National Family Health Survey-5 (2019-21) .

The details of child and maternal mortality indicators across the country and State/UT wise, including Bihar are placed at Annexure I.

(c)The details of the programmes implemented to improve the health of the population including Bihar are available at <https://main.mohfw.gov.in/>

The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs including Bihar in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission based on the Programme Implementation Plans (PIP) submitted by the States/UTs. The details of the programmes to improve child and maternal health across the country including Bihar are placed at Annexure II

**Status of Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR) and Child Mortality Rate (U5MR) for States/UTs [SRS]**

	<b>NMR (SRS 2020)</b>	<b>IMR (SRS 2020)</b>	<b>U5MR (SRS 2020)</b>	<b>MMR* (SRS 2018-20)</b>
<b>India</b>	<b>20</b>	<b>28</b>	<b>32</b>	<b>97</b>
A&N Islands	-	7	-	-
Andhra Pradesh	17	24	27	45
Arunachal Pradesh	-	21	-	-
Assam	19	36	40	195
Bihar	21	27	30	118
Chandigarh	-	8	-	-
Chhattisgarh	26	38	41	137
D &N Haveli & Daman & Diu	-	16	-	-
Delhi	9	12	14	-
Goa	-	5	-	-
Gujarat	16	23	24	57
Haryana	19	28	33	110
Himachal Pradesh	13	17	24	-
Jammu & Kashmir	12	17	17	-
Jharkhand	17	25	27	56
Karnataka	14	19	21	69
Kerala	4	6	8	19
Ladakh	-	16	-	-
Lakshadweep	-	9	-	-
Madhya Pradesh	31	43	51	173
Maharashtra	11	16	18	33
Manipur	-	6	-	-
Meghalaya	-	29	-	-
Mizoram	-	3	-	-
Nagaland	-	4	-	-
Odisha	28	36	39	119
Puducherry	-	6	-	-
Punjab	12	18	22	105
Rajasthan	23	32	40	113
Sikkim	-	5	-	-
Tamil Nadu	9	13	13	54
Telangana	15	21	23	43
Tripura	-	18	-	-
Uttar Pradesh	28	38	43	167
Uttarakhand	17	24	26	103
West Bengal	14	19	22	103
<i>*MMR for Other States (remaining States/UTs): 77</i>				

### Programmes to improve maternal and child health across the country including Bihar

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Under Janani Shishu Suraksha Karyakram (JSSK)**, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables & diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.
- **Extended PMSMA** strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy 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.
- **Optimizing Postnatal Care** aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Midwifery Initiatives** provides respectful and positive birthing experiences to all pregnant women by promoting natural birthing through Nurse Practitioner Midwives (NPMs) who are skilled in accordance to (ICM) competencies.
- **LaQshya** improves 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.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women
- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Obstetric HDU & ICU:** Operationalization of Obstetric HDU & ICU in high case load tertiary care facilities across the country to handle complicated pregnancy
- **Reproductive and Child Health (RCH) portal** is name-based web-enabled tracking system for pregnant women and newborn so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and postnatal care.
- **Mother and Child Protection (MCP) Card and Safe Motherhood Booklets** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **Mother's Absolute Affection (MAA) Programme** to improve breastfeeding coverage and appropriate breastfeeding practices

- **Universal Immunization Programme** is implemented to prevent children from vaccine preventable diseases
- **Facility Based New-born Care:** Special 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.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative for reduction of childhood morbidity and mortality due to Pneumonia.
- **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) to improve child survival. District Early Intervention Centres (DEICs) at district level health facilities are established for confirmation and management of children screened under RBSK.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Anaemia Mukht Bharat (AMB)** to reduce anaemia prevalence (nutritional and non-nutritional) in six age groups namely pre-school children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant women, lactating women and in women of reproductive age group (15-49 years) in life cycle approach.
- **National Deworming Day (NDD)** implemented biannually as fixed day strategy to combat Soil Transmitted Helminths (STH) infections, during which, Albendazole is administered to all children from 1-19 years of age through the platform of schools and Anganwadi centers
- **Nutrition Rehabilitation Centres (NRCs)** are facility-based interventions to provide medical treatment and nutritional management to under-five year children suffering from Severe Acute Malnutrition (SAM) with medical complications.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas; to increase the awareness for the Maternal & Child health services and community mobilization
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.
- **Regular IEC/BCC:** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.