

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

**LOK SABHA
UNSTARRED QUESTION NO. 3255
TO BE ANSWERED ON 13TH MARCH, 2020**

INFANT AND MATERNAL MORTALITY

**3255. DR. MANOJ RAJORIA:
SHRI VIJAY BAGHEL:**

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

- (a) the increase in percentage in maternal mortality rate in rural and urban areas of the country separately during the last three years and the current year;
- (b) whether the infant mortality rate is very high in the country;
- (c) if so, the details thereof and the reasons therefor, State/UT-wise; and
- (d) the reformative steps taken by the Government to improve healthcare facilities in rural areas and to control maternal and infant mortality rate in the country and the funds allocated/spent in this regard?

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

(a): As per the latest report of Sample Registration System (SRS) released by Registrar General of India (RGI), Maternal Mortality Ratio (MMR) of India has reduced by 8 points from 130, per 100,000 live births in 2014-16 to 122 in 2015-17.

Year wise, rural and urban disaggregated mortality data are not provided by Sample registration System. However, State-wise Maternal Mortality Ratio as per SRS' 2015-17 is placed at **Annexure-I**.

(b) & (c): As per the latest report of Sample Registration System (SRS) released by Registrar General of India (RGI), Infant Mortality Rate of India has reduced by 25 points from 58 per 1000 live births in 2005 to 33 per 1,000 live births in 2017.

The State/ UT wise Infant Mortality Rate is placed at **Annexure-II**.

(d): In order to address Maternal and Infant mortality, the Government of India is supporting all States/UTs under National Health Mission in implementation of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy, which has following interventions:

Interventions for improving maternal health :

- **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.
- **Janani Shishu Suraksha Karyakram (JSSK)** aims to eliminate out-of-pocket expenses for pregnant women and sick infants (up to one year of age). Under JSSK, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. This also includes free transport, diagnostics, medicines, other consumables, diet and blood (if required).
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** Under PMSMA, all pregnant women are provided fixed day, free of cost assured and quality Antenatal Care. As part of the campaign, a minimum package of antenatal care services (including investigations and drugs) is being provided to the beneficiaries on the 9th day of every month.
- **Surakshit Matratva Ashwasan(SUMAN)** a comprehensive multipronged and coordinated policy approach with an aim to assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every women and newborn visiting public health facilities in order to end all preventable maternal and newborn deaths and morbidities and provide positive birthing experience
- **Comprehensive Abortion Care services** are being 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 centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Midwifery programme** has been initiated in 2018 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.
- **Capacity building** is undertaken of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (CEmONC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- **Skill Labs** with earmarked skill stations for different training programs are established to enhance the quality of training. Five National and over 100 State level Skills labs are now operational for conducting training.
- **Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Obs HDU&ICU-** Operationalization of Obstetric ICU/HDU in a high case load tertiary care facilities across country to handle complicated pregnancies
- **Delivery Points-**Over 25,000 'Delivery Points' across the country have been strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCAH+N services.

- **Functionalisation of FRUs:** Provision of Emergency Obstetric care at FRUs is being done by operationalizing FRUs. While operationalizing, the thrust is on the critical components such as manpower, blood storage units, referral linkages etc.
- **LaQshya** - LaQshya programme 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.
- Regular IEC/BCC is conducted for early registration of ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.
- Over 10 lakhs Accredited Social Health Activists (ASHAs) have been engaged to facilitate access of health care services by the community, particularly pregnant women.
- **Maternal Death Surveillance Review (MDSR)** is being 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.
- Name Based Web enabled Tracking of Pregnant Women and New born babies so as to ensure provision of regular and complete services to them.
- MCP Card and Safe Motherhood Booklet are being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA

Interventions for improving Child health:

1. Strengthening essential newborn care at all delivery points, establishment of Sick Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.
2. Home Based Newborn Care (HBNC) and Home-Based Care of Young Children (HBYC) by ASHAs to improve child rearing practices and to identify sick new-born and young children.
3. 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) in convergence with Ministry of Women and Child Development.
4. Universal Immunization Programme (UIP) is being supported 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. Mission Indradhanush is targeted to immunize children who are either unvaccinated or partially vaccinated i.e. those that have not been covered during the rounds of routine immunization for various reasons. Intensified Mission Indradhanush (IMI) 2.0 is rolled-out as per road-map for achieving 90% full immunization coverage across the country.
5. Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.

6. Defeat Diarrhoea (D2) initiative has been launched for promoting ORS and Zinc use and eliminating the diarrhoeal deaths by 2025.
7. Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative for reduction of Childhood morbidity and mortality due to Pneumonia.
8. Anaemia Mukht 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.
9. All the children from 0 to 18 years of age are screened for 30 health conditions classified into 4Ds - Diseases, Deficiencies, Defects and Developmental delay under “Rashtriya Bal Swasthya Karyakaram” (RBSK) to improve the quality of survival and to reduce out of pocket expenditure of families. District early intervention centre (DEIC) at district health facility level are established for confirmation and management of the 4D’s.

The Fund allocation and utilization State/ UT wise under RCH Flexible pool since 2016-17 is placed at **Annexure III**.

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State-wise Maternal Mortality Ratio (MMR) as per SRS 2015-17

Sl. No	India/States	2015-17
1	Andhra Pradesh	74
2	Assam	229
3	Bihar	165
4	Jharkhand	76
5	Gujarat	87
6	Haryana	98
7	India	122
8	Karnataka	97
9	Kerala	42
10	Madhya Pradesh	188
11	Chhatisgarh	141
12	Maharashtra	55
13	Odisha	168
16	Punjab	122
14	Rajasthan	186
15	Tamil Nadu	63
16	Telangana	76
17	Uttarakhand	89
18	Uttar Pradesh	216
19	West Bengal	94
20	Other States	96

Annexure: II

Infant Mortality Rate		
S. N.	States / UTs	2017
	INDIA	33
1	Andhra Pradesh	32
2	A&N Islands	14
3	Arunachal Pradesh	42
4	Assam	44
5	Bihar	35
6	Chandigarh	14
7	Chhattisgarh	38
8	D&N Haveli	13
9	Daman & Diu	17
10	Delhi	16
11	Goa	9
12	Gujarat	30
13	Haryana	30
14	Himachal Pradesh	22
15	J & K	23
16	Jharkhand	29
17	Karnataka	25
18	Kerala	10
19	Lakshadweep	20
20	Madhya Pradesh	47
21	Maharashtra	19
22	Manipur	12
23	Meghalaya	39
24	Mizoram	15
25	Nagaland	7
26	Odisha	41
27	Puducherry	11
28	Punjab	21
29	Rajasthan	38
30	Sikkim	12
31	Tamil Nadu	16
32	Telangana	29
33	Tripura	29
34	Uttar Pradesh	41
35	Uttarakhand	32
36	W. Bengal	24

Source: Sample Registration System of Registrar General of India

Annexure-III

Statement showing Release & Expenditure under RCH Flexible Pool (including RI, PPI and NIDDCP) from the F.Y. 2016-17 to 2019-20

Rs. In crore

Sl. No.	States	2016-17		2017-18		2018-19		2019-20	
		Release	Exp	Release	Exp	Release	Exp	Release	Exp
1	Andaman & Nicobar Islands	14.92	7.42	0.29	4.03	0.88	4.38	0.45	2.19
2	Andhra Pradesh	215.99	432.64	272.37	306.37	213.54	347.33	175.65	221.16
3	Arunachal Pradesh	58.43	46.88	38.38	36.83	57.96	41.75	1.13	6.60
4	Assam	366.77	572.69	395.13	357.46	365.44	351.59	310.59	228.12
5	Bihar	413.76	827.65	775.44	1,167.38	425.87	958.63	431.85	699.41
6	Chandigarh	9.93	9.29	3.46	2.54	3.71	3.51	3.62	2.15
7	Chattisgarh	163.81	275.49	198.26	295.77	182.72	332.78	150.82	187.04
8	Dadra & Nagar Haveli	5.65	9.55	4.05	3.40	4.16	3.29	1.09	1.64
9	Daman & Diu	4.92	5.60	0.36	1.55	1.64	2.33	0.29	1.18
10	Delhi	112.03	73.09	71.07	57.25	46.78	34.30	20.23	26.52
11	Goa	10.49	14.27	7.76	7.40	4.49	6.75	3.13	4.60
12	Gujarat	234.80	424.51	321.56	530.28	273.88	584.05	204.52	269.31
13	Haryana	102.72	203.34	138.74	164.82	111.01	165.76	106.97	119.80
14	Himachal Pradesh	69.80	81.71	76.51	84.54	63.25	75.86	56.31	43.09
15	Jammu & Kashmir	138.86	221.94	163.73	115.26	111.79	121.44	91.01	65.04
16	Jharkhand	217.92	349.57	210.69	299.99	187.93	340.07	156.08	194.86
17	Karnataka	234.28	358.66	363.12	414.50	201.92	315.86	203.20	207.09
18	Kerala	97.44	172.67	156.03	194.31	99.95	173.36	74.47	95.97
19	Lakshadweep	1.20	1.46	0.76	0.59	0.77	1.06	0.55	0.83
20	Madhya Pradesh	393.73	881.95	517.47	902.30	380.86	854.40	375.08	634.36
21	Maharashtra	431.19	530.73	443.10	560.45	363.03	531.10	360.15	328.50
22	Manipur	28.52	31.86	46.49	33.61	29.63	39.04	17.08	21.74
23	Meghalaya	40.78	50.26	45.92	35.99	39.86	40.66	23.80	33.78
24	Mizoram	15.99	33.16	26.06	19.05	21.38	19.66	13.15	11.38
25	Nagaland	28.33	36.66	28.04	20.08	26.41	25.37	9.81	12.97
26	Orissa	223.03	441.68	290.68	468.73	221.65	438.52	201.24	298.03
27	Puducherry	21.13	15.46	10.69	7.41	4.71	5.37	6.12	2.73
28	Punjab	92.55	184.37	150.29	155.53	83.50	133.31	82.34	88.35
29	Rajasthan	393.53	580.96	472.92	639.30	375.50	685.65	354.40	441.04
30	Sikkim	7.81	12.96	9.40	4.74	6.10	6.65	4.68	3.17
31	Tamil Nadu	253.33	532.17	379.55	437.92	245.80	377.80	233.94	224.42
32	Tripura	41.44	38.70	24.82	52.59	43.53	46.59	31.14	25.68
33	Uttar Pradesh	878.45	1,655.28	1,077.80	1,715.68	865.87	1,687.39	924.05	1,208.47
34	Uttarakhand	86.67	118.40	108.20	155.35	77.12	101.20	80.61	81.12
35	West Bengal	317.43	751.34	383.04	702.68	244.61	521.23	259.76	359.50
36	Telangana	120.85	249.77	216.37	237.33	134.48	180.42	103.79	142.80
37	Ladakh	-	-	-	-	-	-	-	-
	Grand Total	5848.49	10234.10	7428.56	10193.02	5521.72	9558.46	5073.12	6294.63

Sl. No.

1. Release for the F.Y. 2019-20 is updated upto 26.02.2020 and is provisional.
2. The above releases relate to Central Govt. Grants & do not include State share contribution.
3. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure for the F.Y. 2019-20 (upto 31.12.2019 as per FMR) are provisional.
4. The above data comprises of releases under Reproductive Child Health, Routine Immunisation (cash+kind grants), Pulse Polio Immunisation (cash+kind grants) and NIDDCP.