

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2228  
TO BE ANSWERED ON 10<sup>TH</sup> DECEMBER, 2021**

**MATERNAL AND INFANT MORTALITY**

**2228. SHRI GUMAN SINGH DAMOR;  
SHRI SANJAY SETH**

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

- (a) the State-wise comparative details of maternal and infant mortality rate during the last two years; if so, the details thereof;
- (b) whether any specific action plan has been proposed for the states having high maternal and infant mortality rate including Madhya Pradesh and Jharkhand and if so, the details thereof;
- (c) the steps being taken by the Government to minimize maternal and infant mortality rate and the achievements made thereof along with the funds allocated and spent therefor;
- (d) whether any specific scheme has been formulated for tribal dominated areas in this regard and if so, the details thereof;
- (e) whether social system is being affected with decreasing number of girl child; and
- (f) if so, the details thereof and the efforts being made to check menace?

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

- (a) As per latest Sample Registration System (SRS) bulletin of Registrar General of India, the Maternal Mortality Ratio (MMR) has declined from 122 in 2015-17 to 113 in 2016-18 and Infant Mortality Rate (IMR) has declined from 32 per 1,000 Live Births in 2018 to 30 per 1,000 Live Births in 2019. The State/UT wise details of MMR and IMR are placed at **Annexure I**
- (b) & (c) Health being a State Subject, the primary responsibility of provision of healthcare to all lies with respective State Governments. However, in order to bring down MMR & IMR, Ministry of Health and Family Welfare (MoHFW) supports all States/UTs to implement Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition

(RMNCAH+N) strategy under National Health Mission (NHM) based on the annual Program Implementation Plans (PIP) submitted by States/ UTs.

Steps taken by the Government, including States of Madhya Pradesh & Jharkhand, to minimize maternal and infant mortality rate include:

1. **Surakshit Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare to every woman and newborn visiting the public health facility. As on 08.12.2021, 9971 public health facilities have been notified under SUMAN.
2. **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme which aims at promoting institutional delivery. Approximately one crore beneficiaries have been benefited under JSY Scheme annually.
3. **Janani Shishu Suraksha Karyakram (JSSK)** Under 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, other consumables & diet. More than one crore pregnant women have been benefited annually under JSSK scheme in public health facilities.
4. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides a minimum package of antenatal care services including investigations and drugs on the 9<sup>th</sup> day of every month. As on 08.12.2021, more than 3.02 crore ANC Checkups conducted and more than 25 lakhs High Risk Pregnancy have been identified under PMSMA.
5. **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. As on 01.11.2021, 418 Labour Room and 345 maternity OT have been LaQshya national Certified.
6. **Monthly Village Health, Sanitation and Nutrition Days (VHSND):** Community Outreach is envisaged through the Monthly Village Health, Sanitation and Nutrition Days (VHSND) for provision of maternal and child care services.
7. **Delivery Points-**Strengthening of over 25,000 'Delivery Points' across the country in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCAH+A services
8. **Facility Based New Born Care-**Sick New-born care units (SNCUs) are established at District Hospital and Medical college level and New-born Stabilization units (NBSUS) established at First Referral units (FRUs)/ Community Health Centres (CHC) for care of sick and small babies.
9. Under **Home Based New-born Care (HBNC)** and **Home-Based Care of Young Children (HBYC)** program, home visits by ASHAs are conducted to improve child rearing practices and to identify sick New-born and young children in the community.
10. 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)**.
11. **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative has been launched for reduction of Childhood morbidity and mortality due to Pneumonia.

12. **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.
13. 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 Centre (DEIC)** at district health facility level are established for confirmation and management of children screened under RBSK.
14. **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.
15. **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative has been launched for promoting ORS and Zinc use and for reducing diarrheal deaths.
16. Several capacity building programs of health care providers are conducted for improving maternal and child survival and health outcomes.

The details of funds allocated and spent for this purpose is placed at **Annexure 2**

(d) Under NHM, there is a provision to formulate specific plans and allocate additional resources to tribal areas. Some of the specific schemes/initiatives formulated for tribal dominated areas are as follows:

1. **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities
2. **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.
3. **Performance based incentives to ANMs (SBAs):** ANMs trained in SBA are incentivized for attending home deliveries in pre-identified and notified villages in remote and inaccessible areas where it is difficult to bring a woman to the institution for delivery on account of geographical/climatic exigencies.

(e) and (f) Government of India has undertaken consistent efforts and effective implementation of law to check the Sex Ratio at Birth (SRB) and gender differential in U5MR.

1. The **Pre-conception and Pre-natal Diagnostic Techniques (PC&PNDT) Act** was enacted to check female foeticide, in 1994 and was brought into operation from 1st January, 1996. The Act was amended further in 2003 to make it more stringent and comprehensive. PC&PNDT, Act, 1994 is implemented in all the States & UTs.

2. **Ultrasound equipment notified** in 2020, as drug under Drugs and Cosmetic Act, 1945. The licenses from Drug Controller of India made mandatory for selling / importing/ R&D of Ultrasound Machines
3. **Monitoring/ reviewing of the implementation of the PC&PNDT Act**
  - a. Regular monitoring through National Inspection and Monitoring Committee (NIMC) and State Inspection and Monitoring Committees (SIMC)
  - b. Regular meetings of State Supervisory Board and sending report to the Central Supervisory Board.
  - c. State/UT level Review meetings conducted regularly to evaluate the progress of implementation at the district level.
  - d. Notification of State/ District Appropriate Authority and Advisory Committees
4. Directions provided to States to develop **online mechanism for registrations**, record maintenance under the PC&PNDT Act to ensure accountability, transparency and effective monitoring.
5. **Monitoring of online sex-selection advertisements** by the Nodal Agency under MoHFW
6. **Capacity Building and Sensitization** through workshops, Standard Operational Guidelines, sensitization for Judicial Officers and Public Prosecutors conducted through National and State Judicial Academy, incorporation of PC&PNDT Act in the training curriculum of Lal Bahadur Shastri National Academy of Administration (LBSNAA) etc.
7. **Financial support provided to strengthen implementation structures under National Health Mission (NHM):** Dedicated PNDT Cells, Capacity Building, Monitoring, Advocacy Campaigns etc.
8. **IEC activities** undertaken for the awareness of provision of PC&PNDT Act

**Following achievements have been recorded:**

1. **Under 5 Child Mortality (U5MR)** has declined significantly from 69 in 2008 to 36 in 2018 thus showing a 33 points decline since 2008 with compound annual decline rate of 5.6% as per the SRS.
2. **Gender differential in U5MR:** At National level there is 1 point gap between male and female Under 5 Mortality Rate (Male-36, Female-37) in 2018 which has shrunk from 5 points in 2015.
3. **As per NFHS, Sex Ratio at birth has increased from 919 (NFHS-4; 2015-16) to 929 (NFHS-5; 2019-20).**

**Annexure: 1**

<b>Maternal Mortality Rate as per latest SRS reports</b>		
<b>India/States</b>	<b>SRS (2015-17)</b>	<b>SRS (2016-18)</b>
India	<b>122</b>	<b>113</b>
Andhra Pradesh	74	65
Assam	229	215
Bihar	165	149
Jharkhand	76	71
Gujarat	87	75
Haryana	98	91
Karnataka	97	92
Kerala	42	43
Madhya Pradesh	188	173
Chhattisgarh	-	159
Maharashtra	55	46
Odisha	168	150
Punjab	122	129
Rajasthan	186	164
Tamil Nadu	63	60
Telangana	76	63
Uttar Pradesh	216	197
Uttarakhand	89	99
West Bengal	94	98

<b>Infant Mortality Rate at National/ State/ UT level in 2018 and 2019</b>		
<b>India/States</b>	<b>SRS (2018)</b>	<b>SRS (2019)</b>
<b>India</b>	<b>32</b>	<b>30</b>
Andhra Pradesh	29	25
Assam	41	40
Bihar	32	29
Chhattisgarh	41	40
Delhi	13	11

Gujarat	28	25
Haryana	30	27
J&K	22	20
Jharkhand	30	27
Karnataka	23	21
Kerala	7	6
Madhya Pradesh	48	46
Maharashtra	19	17
Odisha	40	38
Punjab	20	19
Rajasthan	37	35
Tamil Nadu	15	15
Telangana	27	23
Uttar Pradesh	43	41
Uttarakhand	31	27
West Bengal	22	20
Arunachal Pradesh	37	29
Goa	7	8
Himachal Pradesh	19	19
Manipur	11	10
Meghalaya	33	33
Mizoram	5	3
Nagaland	4	3
Sikkim	7	5
Tripura	27	21
A&N	9	7
Chandigarh	13	13
Dadra & Nagar Haveli	13	11
Daman & Diu	16	17
Lakshadweep	14	8
Puducherry	11	9

**Statement showing Central Release & Expenditure under RCH Flexible Pool (including RI, PPI and NIDDCP) under NHM for the F.Y. 2019-20 and 2020-21**

Rs. In crore

Sl. No.	States	2019-20		2020-21	
		Central Release	Expenditure	Central Release	Expenditure
1	Andaman & Nicobar Islands	3.57	2.73	5.08	4.76
2	Andhra Pradesh	200.81	238.18	184.81	311.01
3	Arunachal Pradesh	37.85	36.81	23.50	42.14
4	Assam	392.07	350.46	435.18	356.68
5	Bihar	474.87	1,091.81	628.43	1,151.50
6	Chandigarh	6.16	2.68	4.73	1.68
7	Chhattisgarh	158.05	269.51	160.88	248.34
8	Dadra & Nagar Haveli	5.68	3.05		
9	Daman & Diu	4.13	1.64	7.01	6.14
10	Delhi	20.23	32.56	19.18	36.51
11	Goa	4.98	6.90	4.69	9.11
12	Gujarat	219.18	410.78	219.32	423.67
13	Haryana	113.89	158.02	110.96	159.40
14	Himachal Pradesh	58.74	66.03	68.39	67.36
15	Jammu & Kashmir	120.24	105.19	140.41	95.77
16	Jharkhand	167.87	284.37	163.88	286.16
17	Karnataka	214.85	305.18	220.44	298.85
18	Kerala	88.48	128.32	101.22	176.79
19	Lakshadweep	0.87	1.26	0.99	1.13
20	Madhya Pradesh	396.40	915.37	456.70	897.64
21	Maharashtra	381.34	490.57	520.86	585.68
22	Manipur				

		37.38	33.76	29.55	23.30
23	Meghalaya	33.66	43.90	61.17	52.75
24	Mizoram	20.36	17.01	28.28	18.40
25	Nagaland	23.58	18.62	38.20	23.47
26	Odisha	211.53	421.48	206.43	466.49
27	Puducherry	6.12	4.11	3.89	3.97
28	Punjab	86.21	126.43	90.05	115.27
29	Rajasthan	369.06	634.47	504.58	784.22
30	Sikkim	7.35	4.80	13.16	4.66
31	Tamil Nadu	242.36	283.99	256.34	264.31
32	Tripura	44.56	43.45	43.37	42.91
33	Uttar Pradesh	992.01	1,649.14	1,021.68	1,601.08
34	Uttarakhand	82.91	103.17	86.25	78.69
35	West Bengal	273.38	515.21	300.05	427.51
36	Telangana	123.22	175.67	154.14	195.48
37	Ladakh	-	-	19.72	6.24

**Note:**

1. The above releases relate to Central Govt. Grants & do not include State share contribution.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per the available Financial Management Report (FMR) submitted by States/UTs.
3. The above data comprises of releases under Reproductive Child Health, Routine Immunisation (cash+kind grants), Pulse Polio Immunisation (cash+kind grants) and NIDDCP.