

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

**LOK SABHA
STARRED QUESTION NO. 61
TO BE ANSWERED ON THE 7TH FEBRUARY, 2025**

MATERNAL AND INFANT HEALTH OUTCOMES

***61. SHRI RAVINDRA DATTARAM WAIKAR:
SMT. SHAMBHAVI:**

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

- (a) whether the Government has launched specific initiatives under the National Health Mission (NHM) in Maharashtra and Bihar to improve maternal and infant health outcomes and if so, the details thereof;
- (b) whether the reduction in the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) in these States is attributed to targeted interventions under NHM and if so, the details of measures that have been most effective;
- (c) whether there are ongoing efforts to further reduce the Total Fertility Rate (TFR) in Maharashtra and Bihar for population control in these States and if so, the details of strategies being adopted to achieve this goal;
- (d) whether the Government has allocated specific financial resources or support to these States under NHM for enhancing healthcare infrastructure and services particularly in rural areas and if so, the details thereof; and
- (e) whether the Government anticipates that continued implementation of NHM initiatives is likely to lead in improved health indicators and if so, the details of the projected outcomes for the coming years?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (e) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 61 FOR 7TH FEBRUARY, 2025**

(a) and (b): As per the Special Bulletin on Maternal Mortality Ratio (MMR) released by the Sample Registration System (SRS) 2018-20, the MMR of Maharashtra has been reduced from 61 per lakh live births in 2014-16 to 33 per lakh live births in 2018-20 and MMR of Bihar has been reduced from 165 per lakh live births in 2014-16 to 118 per lakh live births in 2018-20.

Over the past 30 years, the Maternal Mortality Ratio (MMR) in India has declined by an impressive 83%, compared to the global reduction of 42%.

Similarly, as per the Sample Registration System (SRS) 2020, the Infant Mortality Rate (IMR) of Maharashtra has been reduced from 22 per 1000 live births in 2014 to 16 per 1000 live births in 2020 and the IMR of Bihar has been reduced from 42 per 1000 live births in 2014 to 27 per 1000 live births in 2020.

Over the past 30 years, the Infant Mortality Rate (IMR) in India has dropped by 69%, against a global decline of 55%.

The Government of India has undertaken various initiatives/measures under the National Health Mission (NHM) to improve maternal and infant health outcomes across the country including the States of Maharashtra and Bihar which are as follows:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant women and sick infants (up to one year of age) delivering in public health institutions to have absolutely free and no-expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during the stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal checkup by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy focuses on quality antenatal care (ANC) for pregnant women, especially high-risk pregnant (HRP) women and individual HRP tracking with financial incentivization for the identified high-risk pregnant women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.

- **Monthly Village Health, Sanitation and Nutrition Day** 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 to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
- The establishment of Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) under **Facility Based Newborn Care (FBNC)** program provides specialized care to sick and small newborns at district and sub-district levels, addressing neonatal health complications.
- The **Mother Absolute Affection (MAA)** Program promotes breastfeeding practices, emphasizing the importance of early initiation and exclusive breastfeeding in young children.
- Accredited Social Health Activists (ASHAs) conduct scheduled home visits under **Home-Based Newborn Care (HBNC)** and **Home-Based Care of Young Children (HBYC)**, improving child-rearing practices and identifying sick newborns and young children for timely referral and care.

These comprehensive interventions under National Health Mission (NHM) have collectively contributed to the significant decline in Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) across the States.

(c) The Government of India focuses on achieving and maintaining replacement levels of fertility by raising awareness about healthy timing and spacing of pregnancies for the well-being of mother and child, providing for the availability of family planning services, and approving the budgets proposed by the states in the Programme Implementation Plan (PIP) based on their specific needs to manage fertility.

Various schemes implemented by the Government under Family Planning programme are given below-

- **Expanded Contraceptive Choices:** The contraceptive basket comprising Condoms, combined oral contraceptive pills, Emergency contraceptive pills, intrauterine contraceptive device (IUCD) and Sterilization was expanded with the inclusion of new contraceptives namely Injectable contraceptive MPA (Antara Programme) and Centchroman (Chhaya).
- **Mission Parivar Vikas** is being implemented in thirteen states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand, Assam, Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram) for substantially increasing access to contraceptives and Family Planning services.
- **‘World Population Day & Fortnight’** and **‘Vasectomy Fortnight’** are observed every year to boost awareness of Family Planning and service delivery across all States/ UTs

(d) The details of the funds approved under NHM for enhancing healthcare infrastructure and services for the states of Maharashtra and Bihar in rural areas are given below:

Name of the States	Approved budget 2023-24 (In Lakhs)	
	Infrastructure Strengthening (Total)	Infrastructure Strengthening (Rural)
Maharashtra	60,134.13	58,390.87
Bihar	52,900.70	52,262.97

(e) National Health Mission (NHM) aims to attain universal access to equitable, affordable and quality healthcare services, accountable and responsive to people’s needs, with effective intersectoral convergent action to address the wider social determinants of health. The Ministry of Health and Family Welfare provides technical and financial support to the States/Union Territories to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM.

Details of the target set and achievements under NHM are placed in the Annexure.

Annexure**Target and Achievement under NHM**

Targets	Status
Reduce MMR to 70 per 1 lakh live births by 2030 (under SDG)	97 per 1 lakh live births (SRS 2018-20)
Reduce U-5MR to 25 per thousand live births by 2030 (under SDG)	32 per thousand (SRS 2020)
Sustain TFR to 2.0 at national level	2.0 (NFHS 5)
Achieve the operationalization of 1.5 lakh Ayushman Arogya Mandirs (erstwhile AB-HWC)	1,76,325 (as on 31.1.2025)
Achieve and sustain more than 90% Full Immunization coverage of all children by one year of age	94.4% (till 31.12.2024; assessed as on 04.02.2025)
Dengue: Sustain Case fatality rate at <1%	0.09% (as on 31.10.2024)
Kala Azar: Achieve 'zero' no. of endemic blocks reporting >1 KA case/10000 population at block level by 2023-24 and sustain elimination status till 2025-26	Achieved 'zero' blocks till 2023-24. Status sustained till Oct, 2024.