

**GOVERNMENT OF INDIA
HUMAN RESOURCE DEVELOPMENT
LOK SABHA**

UNSTARRED QUESTION NO:4071
ANSWERED ON:20.12.2005
UNFPA REPORT ON DEATH OF WOMEN DURING CHILD BIRTH
Singh Kunwar Rewati Raman

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

- (a) whether a quarter of women dying during child birth in the world are Indians as reported by the UNFPA and its State of the World Population 2005 report ;
- (b) if so, the salient features of the report;
- (c) the reaction of the Government thereto; and
- (d) the steps proposed to be taken by the Government in this regard?

Answer

MINISTER OF STATE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KANTI SINGH)

(a),(b),(c)&(d) The State of World Population-2005, a publication of UNFPA has outlined the inter-relationship between poverty, discrimination and mother's survival. The report mentions that one-quarter of all maternal deaths occurring in the year 2000 were in India alone. The report has based this figure on an estimated maternal mortality rate of 540 per 100000 live births. However, based on the official estimates of Registrar General of India for 1998, the maternal mortality rate was estimated as 407 per 100000 live births. Based on this estimate, the number of maternal deaths in India is likely to be fewer than those estimated in the UNFPA's report. It is a fact that compared to many other countries in the world, the maternal mortality rate of India is on the higher side. The Government is seized of this fact and the goal of reduction of maternal mortality rate to less than 100 by the year 2010 has been incorporated in the National Population Policy - 2000 and the National Health Policy Goals -2002. For achieving this goal, a Reproductive and Child Health Programme is under implementation in all States and UTs of the countries since 1997. A number of

interventions are being implemented for improving the maternal and child health and bringing down mortality rates as part of this programme.

The interventions for improving maternal health are essential obstetric care, emergency obstetric care, referral transport for pregnant women with complications of pregnancy through Panchayat, provision of drugs and equipments at First Referral Units (FRUs), provision of contractual staff like additional Auxiliary Nurse Midwife (ANMs), staff nurses and hiring of anesthetists. In the second phase of the RCH Programme, provision has been made to accelerate the decline of Maternal Mortality and Morbidity by introducing new interventions like operationalisation of First Referral Units (FRUs), providing 24-hour delivery and new-born care services at Community Health Centres (CHCs) and Primary Health Centres (PHCs) and training of ANM and LHV to become skill birth attendants.

Government of India have also recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood. The mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM, the services provided under the RCH Programme will be strengthened through:

Implementation of Janani Suraksha Yojana (JSY) under which cash incentives are provided to pregnant women belonging to families Below Poverty Line

(BPL) if they deliver at a health center/hospital.

Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.

Operationalising 2000 Community Health Centers as First Referral Units

(FRU) for providing Emergency Obstetric and Child Health services. Making 50% Primary Health Centers functional for providing 24-

hours delivery services, over the next five years.

Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.