

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:2442

ANSWERED ON:22.07.2009

MATERNAL MORTALITY RATIO

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

- (a) whether the maternal deaths in India is more than any other country;
- (b) if so, the details thereof and the reasons therefor;
- (c) the number of deaths that took place during the last three years and the current year, year-wise; and
- (d) the effective measures taken by the Government to reduce the maternal deaths in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (d): The Ministry relies on the reports released by the Registrar General of India for estimates on maternal mortality. There are no official estimates on absolute number of maternal deaths in the country. However, the Sample Registration System (SRS) conducted by RGI captures Maternal Mortality Ratio through periodic survey. Based on the official estimates of Registrar General of India(RGI), the Maternal Mortality Ratio (MMR) for India has shown a substantial decline from 301 per 100,000 live births (RGI-SRS, 2001-03) to 254 per 100,000 live births (RGI-SRS, 2004-06).

As per WHO report titled "World Health Statistics, 2009" 121 countries have MMR lower than India and 45 countries have MMR higher than India.

The National Rural Health Mission (NRHM)(2005- 2012), and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in maternal mortality namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for round the clock (24X7) services; Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health & Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women; and Strengthening of Health Facilities like District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.