

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

UNSTARRED QUESTION NO:4035
ANSWERED ON:03.12.2010
MILLENNIUM DEVELOPMENT GOAL
Patle Kamla Devi ;Tandon Annu

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

- (a) the present status of the Government's efforts to reduce maternal mortality and child mortality rate in the country particularly under the National Rural Health Mission;
- (b) the targets set and achievement made so far in terms of maternal health under the Millennium Development Goal (MDG);
- (c) whether the Government is considering special schemes, programmes and projects to achieve MDG4 for reducing child mortality and MDG5 for reducing maternal mortality; and
- (d) if so, the details thereof and if not, the reasons for not achieving the targets?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) to (d) As per the latest Sample Registration System(SRS) report of the Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) has shown a decline from 301 per 100,000 live births in the period 2001-03 to 254 per 100,000 live births in the period 2004-06 and Infant Mortality Rate has declined from 58 per 1000 live births in the year 2004 to 53 per 1000 live births in 2008.

The target set in terms of maternal health under Millennium Development Goal(MDG) 5 is reduction of Maternal Mortality Ratio by 3/4th by 2015 i.e. less than 106 per 100,000 live births.

Similarly, the target set in term of Child health under Millennium Development Goal 4 is reduction by two thirds, between 1990 and 2015, the under-five mortality rate(U5MR) i.e. 38 per 1000 live births.

The Government of India is implementing National Rural Health Mission, to achieve the goals of bringing down the MMR and IMR to 100 per 100,000 live births and 30 per 1000 live births respectively by 2012 which is in line with the targets set under MDG 4 & 5.

The key strategies and interventions being implemented for reduction in maternal and child mortality under NRHM across the country, particularly rural population are as follows :

Janani Suraksha Yojana (JSY), a 100% centrally sponsored cash benefit scheme with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women. This scheme has resulted in significant increases in institutional delivery since its inception.

Upgrading and operationalizing the Primary Health Centers (PHCs) as 24X7 facilities and the Community Health Centers (CHCs) as First Referral Units(FRUs) for providing basic and comprehensive obstetric, new- born and child care services.

Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance for Auxiliary Nurse Midwives/Staff Nurses/Lady Health Visitors; training of MBBS Doctors in Life Saving Anesthetic Skills, Emergency Obstetric Care including Caesarean Section, Facility Based Integrated Management of Neonatal and Childhood illnesses (F-IMNC1) and health care providers in Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK), a training on Basic Newborn Care and Resuscitation.

Provision of Ante-natal and Post Natal Care services for pregnant and lactating women.

Iron and Folic Acid Supplementation for prevention and treatment of anemia, in the form of tablets and liquid formulation to pregnant & lactating women and children from 6 months to 10 years.

Early detection and appropriate management of Diarrheal and Acute Respiratory diseases.

Infant and Young Child Feeding.

Immunization against six vaccine preventable diseases.

Vitamin A prophylaxis.

Establishment of Nutritional Rehabilitation Centers (NRCs) to address severe and acute mal-nutrition.

Organizing Village Health and Nutrition Days in rural area as an outreach activity every month at Anganwadi centers for provision of maternal and child health services which includes counseling of pregnant women for promoting institutional deliveries.

Engagement of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including institutional delivery.

Establishing Referral systems including emergency referral transport, for which the states have been given flexibility to use different models.