

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

STARRED QUESTION NO:171

ANSWERED ON:18.07.2014

MILLENNIUM DEVELOPMENT GOALS

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

- (a) Whether the Infant Mortality Rate (IMR) and the Maternal Mortality Rate (MMR) in the country is quite high in comparison to certain other developing countries of the world and if so, the details thereof along with the reasons therefor;
- (b) The details of the goals set under the Millennium Development Goals (MDGs) pertaining to health sector and the time by which these goals are to be achieved by India;
- (c) Whether the progress made by India with reference to various goals is satisfactory;
- (d) If so, the details thereof and if not, the reasons therefor; and
- (e) The steps taken/proposed to be taken by the Government to achieve the goal set in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

a) to (e): A statement is laid on the Table of the House STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 171 FOR 18TH JULY, 2014

a) As per Sample Registration System report 2012 of Registrar General of India, Infant mortality rate in India is 42 per 1000 live births and maternal mortality ratio is 178 per 100,000 live births. As per available WHO / UNICEF global report, 47 countries have higher IMR than India and 52 countries have higher MMR than India.

The prominent causes of death among infants as per RGI-SRS (2001-03) are perinatal conditions (46%), respiratory infections (22%), diarrhoeal disease (10%), other infectious and parasitic diseases (8%), and congenital anomalies (3.1%). The major medical causes of maternal deaths as per RGI-SRS (2001-03) are Haemorrhage (38%), Sepsis (11%), Abortion (8%), Hypertensive disorders (5%), Obstructed labour (5%), and Other causes (34%) including anaemia. Besides this, illiteracy, low socio-economic status, early age of marriage, high parity, women's empowerment, poor sanitation, hygiene and nutrition, poor access to health facilities are also contributing factors of Infant, Child and maternal mortality.

b) to (d) There are three Millennium Development Goals (MDGs) pertaining to health sector and these are MDG 4 related to child mortality, MDG 5 related to maternal health and MDG 6 related to combating HIV/AIDS, Malaria and other diseases. The status of these goals is as below.

1) MDG 4 target is to reduce the under five mortality rate among children by two-third between 1990 and 2015. In case of India, it translates into a goal of reducing under five mortality rate from 126 per thousand live births in 1990 to 42 in 2015. In 2012, under five mortality rate in India is 52 and it may reach 42 by 2015 if the current trend of annual decline of 6.8 percent continues.

2) MDG 5 target is to reduce maternal mortality ratio by three quarters between 1990 and 2015. This translates to reducing the MMR from 560 in 1990 to 140 in 2015. India's MMR is likely to reach 141 if 5.7 percent compound rate of annual decline continues.

3) MDG 6 target is to halt and reverse the spread of HIV/AIDS, malaria and other major diseases by 2015. The malaria incidence has come down from 2.57 cases per thousand population in 1990 to 0.88 cases per thousand population. In case of tuberculosis, the prevalence rate has come down from 465 per 100,000 population in 1990 to 230 in 2012 per 100,000 population, achieving 50.54 percent reduction. In case of HIV/AIDS, new annual HIV infections have declined by 57 percent during the last decade from 2.74 lakhs in 2000 to 1.16 lakhs in 2011

e) Reducing child and maternal mortality is a thrust area under the National Health Mission and the key strategies include prevention and treatment of Anaemia by supplementation with Iron and Folic Acid, promotion of institutional delivery through Janani Suraksha Yojana (JSY), strengthening of facility based care for intra- partum and post-partum care to pregnant women during delivery and for sick infants including free entitlements of drugs, diagnostics, diet and referral transport under Janani Shishu Suraksha Karyakram (JSSK), home based new born care through visits by ASHAs, introduction of child health screening for 4Ds i.e. defects at birth, deficiencies, diseases, development delays and their management under Rashtriya Bal Swasthya Karyakram (RBSK), capacity building of health care providers to upgrade their skills to manage Obstetric Care including C-section (EmOC), common new born and

childhood diseases and vaccination of children against vaccine preventable diseases under the Universal Immunization Programme.