

The treatment in the form of ORS packets, Zinc and antibiotics are made available in most of the public hospitals through NRHM.

(c) and (d) As per coverage Evaluation Survey (CES) 2009, 18.9% children in rural areas are affected with Acute Respiratory Infection and similarly, 15.3% children in rural areas and 16.3% in urban are affected with diarrhoea. The disaggregated information about occurrence of diarrhoea and ARI in children in poor and non-poor families is not available.

Partial achievement of millennium development goal targets

2719. SHRI N.K. SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that with the existing rate of increase in deliveries by skilled personnel, the likely achievement for 2015 will only be 62 per cent, which is far below the Millennium Development Goal (MDG) target of 100 per cent;

(c) whether the impact of the intervention envisaged in the NRHM and dedicated ASHAs has been satisfactory;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Goal-5 of the MDGs relates to improving maternal health. The goal specifies a 3/4th reduction of Maternal Mortality Ratio (MMR) between 1990 and 2015.

Delivery by skilled personnel is one of the important indicators to monitor progress towards achievements of MDG-5. As per Coverage Evaluation Survey (CES), 2009, delivery by skilled personnel is 76.2% which was 52.7% as per District level Household Survey (DLHS-2007-08)

(b) Under the National Rural Health Mission, the key steps taken to increase the number of deliveries being conducted by skilled personnel are:

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- Capacity building of health care providers in basic and comprehensive obstetric care.

- Operationalization of sub-centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24×7 basic and comprehensive obstetric care services.
- Name Based web enabled tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care has been introduced.
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant and lactating women for prevention and treatment of anemia.
- Engagement of 8.71 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
- Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.
- Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, to eliminate any out of pocket expense for pregnant women delivering in public health institutions and sick newborns accessing public health institutions for treatment till 30 days after birth.

(c) to (e) The key impact indicators have improved substantially since the launch of NRHM in 2005. The role played by more than 8.7 lakh dedicated ASHA has contributed to a large extent in linking the communities with mainstream public health services. Number of JSY beneficiaries has increased from 7.38 lakhs in 2005-06 to 109.37 lakhs in 2011-12. Latest figures released from Sample Registration System (SRS) of Registrar General of India (RGI) indicate that:

- MMR decreased from 254 (SRS 2004-06) to 212 (SRS 2007-09)
- IMR decreased from 58 (SRS 2005) to 44 (SRS 2011)
- TFR decreased from 2.9 (SRS 2005) to 2.5 (SRS 2010).