

- (d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) to (d) No. However, Central Government, under the Centrally Sponsored Scheme to increase the number of Post Graduate Seats in Government Medical Colleges, has earmarked Rs. 2.02 crore towards Central share out of a total proposed expenditure of Rs. 2.69 crore in respect of Patna Medical College and Hospital (PMCH), Patna.

High rates of maternal and infant mortality

2104. DR. T.N. SEEMA : Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that India particularly lags behind in maternal and infant health sector;

(b) if so, the reasons therefor;

(c) the details of the infant, child and maternal mortality rates reported along with the reasons for high mortality rates during the last three years and the current year, State/UT-wise; and

(d) the details of programmes/schemes launched and the funds allocated to the States/UTs and utilized to check the high rate of infant, child and maternal mortality rates, during this period along with the latest steps taken to tackle the same especially in the backward and rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) As per the Sample Registration System (SRS), Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) has shown a decline from 212 per 100,000 live births in the period 2007-09 to 178 per 100,000 live births in the period 2010-12 and Infant Mortality Rate (IMR) has declined from 47 per 1000 live births in the year 2010 to 42 per 1000 live births in 2012.

(c) The RGI-SRS provides MMR for the country and major states at 3-year intervals. The latest data on MMR for 2007-09 and 2010-12 is placed below:

SRS	2007-09	2010-12
MMR	212	178

The latest data on IMR for the years 2010, 2011 and 2012 is placed below

	SRS, 2010	SRS, 2011	SRS, 2012
IMR	47	44	42

The State/UT-wise MMR for 2007-09 and 2010-12 and IMR for last 3 years are given at Statement I and II respectively. (*See below*).

As per the RGI-SRS report titled “Maternal Mortality in India: 1997-2003 trends, causes and risk factors”, major causes of maternal deaths in the country are haemorrhage (38%), sepsis (11%), hypertensive disorders (5%), obstructed labour (5%), abortion (8%) and other Conditions (34%), which includes anaemia.

Maternal Mortality is also influenced by other determinants which include low literacy, lack of spacing between births, early age at marriage and child bearing, high parity, cultural misconceptions, economic dependency of women etc.

The main reasons for Infant Mortality in India as per the Registrar General of India (2001-03) are perinatal conditions (46%), respiratory infections (22%), diarrhoeal diseases (10%), other infectious and parasitic diseases (8%) and congenital anomalies (3.1%).

(d) Under the National Health Mission (NHM), the key steps taken by the Government of India to accelerate the pace of decline in maternal and infant mortality are:

- Demand promotion through Janani Suraksha Yojana (JSY), a conditional cash transfer scheme to promote institutional deliveries.
- Providing resources for operationalization of sub-centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care, neonatal, infant and child care services.

- Strengthening of Facility based newborn care by setting up Newborn care corners (NBCC) in all health facilities where deliveries take place; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at First Referral Units for the care of sick newborn.
- Capacity building of health care providers through training programmes in basic and comprehensive obstetric care, skilled attendance at birth, Integrated Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK), facility and home based newborn care, etc.
- Name Based web enabled tracking of pregnant women and children to ensure optimal antenatal, intranatal and postnatal care to pregnant women and care to new-borns, infants and children.
- Under the National Iron+ Initiative, Iron and Folic Acid supplementation to pregnant, lactating women and to children and adolescents for prevention and treatment of anaemia.
- Identifying the severely anaemic cases in pregnant women and children at sub centres and PHCs for their timely management.
- To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- Exclusive breastfeeding for first six months and promotion of appropriate infant and young child feeding practices.
- Engagement of more than 8.8 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Home Based Newborn Care (HBNC) has been initiated through ASHA to improve new born care practices at the community level and for early detection and referral of sick new born babies.
- Village Health and Nutrition Days in rural areas as an outreach activity,

for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.

- Universal Immunization Program (UIP) against seven diseases for all children.
- Vitamin A supplementation for children aged 6 months to 5 years.
- Janani Shishu Suraksha Karyakaram (JSSK) has been launched in 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements are available for sick newborns and infants accessing public health institutions for treatment.
- To sharpen the focus on vulnerable and marginalized populations in underserved areas, 184 High Priority Districts have been identified for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.

The State/UT-wise allocation of funds and their utilization under Maternal and Child Health Programme during last 3 years is given at Statement-III.

Statement-I

Infant Mortality Rate (per 1000 live births)

(Source: RGI (SRS) 2010, 2011, 2012)

Sl.No.	State/UT	Infant Mortality Rate (IMR) per 1000 live births		
		SRS, 2010	SRS, 2011	SRS, 2012
1	2	3	4	5
	India	47	44	42
1.	Bihar	48	44	43

1	2	3	4	5
2.	Chhattisgarh	51	48	47
3.	Himachal Pradesh	40	38	36
4.	Jammu and Kashmir	43	41	39
5.	Jharkhand	42	39	38
6.	Madhya Pradesh	62	59	56
7.	Odisha	61	57	53
8.	Rajasthan	55	52	49
9.	Uttar Pradesh	61	57	53
10.	Uttarakhand	38	36	34
11.	Arunachal Pradesh	31	32	33
12.	Assam	58	55	55
13.	Manipur	14	11	10
14.	Meghalaya	55	52	49
15.	Mizoram	37	34	35
16.	Nagaland	23	21	18
17.	Sikkim	30	26	24
18.	Tripura	27	29	28
19.	Andhra Pradesh	46	43	41
20.	Goa	10	11	10
21.	Gujarat	44	41	38
22.	Haryana	48	44	42

1	2	3	4	5
23.	Karnataka	38	35	32
24.	Kerala	13	12	12
25.	Maharashtra	28	25	25
26.	Punjab	34	30	28
27.	Tamil Nadu	24	22	21
28.	West Bengal	31	32	32
29.	A and N Islands	25	23	24
30.	Chandigarh	22	20	20
31.	D and N Haveli	38	35	33
32.	Daman and Diu	23	22	22
33.	Delhi	30	28	25
34.	Lakshadweep	25	24	24
35.	Puducherry	22	19	17

Statement-II

Maternal Mortality Ratio: India and State wise

(Source: RGI (SRS) 2007-09, 2010-12)

Major State	MMR (SRS) (2007-09)	MMR (SRS) (2010-12)
India Total*	212	178
Assam	390	328
Bihar	261	219
Jharkhand	261	219

Major State	MMR (SRS) (2007-09)	MMR (SRS) (2010-12)
MP	269	230
Chhattisgarh	269	230
Odisha	258	235
Rajasthan	318	255
Uttar Pradesh	359	292
Uttaranchal	359	292
Andhra Pradesh	134	110
Karnataka	178	144
Kerala	81	66
Tamil Nadu	97	90
Gujarat	148	122
Haryana	153	146
Maharashtra	104	87
Punjab	172	155
West Bengal	145	117
•Others	160	136

* : Includes Others

Statement-III**A. SPIP Approval and Expenditure under Maternal Health For F.Ys. 2011-12 to 2013-14**

		Rs. In Lakhs					
Sl.No.	States/UTs	2011-12		2012-13		2013-14	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	2	3	4	5	6	7	8
A. High Focus States							
1.	Bihar	25,851.86	24,628.25	33,648.05	34,929.70	57,799.07	17,275.49
2.	Chhattisgarh	8,302.14	6,100.49	9,935.17	5,842.64	11,638.77	2,387.06
3.	Himachal Pradesh	751.28	503.34	2,442.60	1,129.22	1,004.33	603.90
4.	Jammu and Kashmir	3,000.76	2,731.00	4,115.40	4,040.05	4,040.05	2,356.87
5.	Jharkhand	10,047.41	5,955.63	15,825.94	7,930.82	14,095.90	3,826.52
6.	Madhya Pradesh	25,709.57	21,096.32	26,474.90	25,428.96	32,087.44	13,438.03

1	2	3	4	5	6	7	8
7.	Odisha	12,288.67	12,341.45	18,029.81	13,478.66	16,596.26	7,855.88
8.	Rajasthan	18,514.77	18,806.25	32,377.91	25,739.42	34,505.46	13,389.19
9.	Uttar Pradesh	71,620.85	43,364.99	72,223.89	49,447.79	70,149.13	21,181.68
10.	Uttarakhand	1,787.90	2,241.40	3,171.99	3,085.61	3,468.79	1,663.19
	SUB TOTAL	1,77,875.21	1,37,769.12	2,18,245.66	1,71,052.88	2,45,385.19	83,977.82
B. NE States							
11.	Arunachal Pradesh	172.90	138.06	283.09	180.83	451.95	97.45
12.	Assam	11,561.35	9,452.87	14,374.31	13,581.92	16,621.84	5,207.14
13.	Manipur	293.59	184.49	644.43	225.06	713.71	117.19
14.	Meghalaya	175.47	132.95	822.86	243.66	685.89	90.81
15.	Mizoram	319.39	134.70	480.22	207.07	427.59	173.70
16.	Nagaland	333.24	203.49	620.79	364.40	704.33	129.73
17.	Sikkim	89.29	69.57	183.57	80.55	184.83	60.87

18.	Tripura	1,226.47	689.01	1,433.98	929.64	1,245.37	410.77
	SUB TOTAL	14,171.70	11,005.14	18,843.25	15,813.13	21,035.51	6,287.66
C. Bon-High Focus States							
19.	Andhra Pradesh	3,434.51	2,373.74	8,811.45	5,519.20	13,830.58	995.76
20.	Goa	151.55	73.88	202.55	170.61	198.96	20.84
21.	Gujarat	5,171.09	3,749.80	9,023.68	5,710.45	6,421.77	2,689.00
22.	Haryana	1,085.97	1,096.03	2,983.48	1,960.02	2,734.98	1,431.52
23.	Karnatka	4,937.48	4,582.69	7,867.50	6,953.84	11,221.25	3,305.71
24.	Kerala	1,730.66	943.35	3,875.86	4,226.18	3,780.85	2,112.09
25.	Maharashtra	6,423.25	4,664.68	11,016.12	9,518.80	15,721.74	4,802.80
26.	Punjab	1,336.38	1,542.68	3,723.22	2,057.55	3,723.68	770.42
27.	Tamilnadu	4,034.13	3,056.75	14,772.87	9,485.98	16,095.73	4,673.56
28.	West Bengal	8,474.51	9,866.23	20,343.20	14,461.61	23,752.26	5,346.46
	SUB TOTAL	36,779.53	31,949.83	82,619.93	60,064.24	97,481.80	26,148.16

Written Answers to

[11 FEB., 2014]

Unstarred Questions 237

1	2	3	4	5	6	7	8
D. Small States/UTs							
29.	Andaman and Nicobar	8.09	29.85	116.90	8.20	107.10	12.95
30.	Chandigarh	8.30	5.31	109.23	6.33	5.65	1.33
31.	Dadar and Nagar	45.70	22.18	57.34	25.24	42.06	18.25
32.	Daman	17.44	1.59	42.15	7.46	16.29	4.43
33.	Delhi	1,300.67	147.02	1,933.76	232.22	410.55	82.98
34.	Lakshadweep	16.96	12.53	19.48	10.58	20.42	8.02
35.	Puducherry	67.13	66.75	399.80	112.19	568.92	94.50
	SUB TOTAL	1,464.29	285.23	2,678.66	402.22	1,170.99	222.47
	GRAND TOTAL	2,30,290.73	1,81,009.33	3,22,387.50	2,47,332.47	3,65,073.50	1,16,636.11

Note :The above Expenditure are from FMR reported by the states. For the F.Y.-2013-14 the expenditure figures are up to 30.09.2013. Hence Its provisional

B. SPIP Approval and Expenditure under Child Health For F.Ys. 2007-08 to 2013-14

		Rs. In Lakhs					
Sl.No.	States/UTs	2011-12		2012-13		2013-14	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	2	3	4	5	6	7	8
A. High Focus States							
1.	Bihar	2,238.37	559.10	7,994.21	1,377.22	5,393.69	800.82
2.	Chhattisgarh	764.20	306.85	1,403.11	543.47	1,053.40	174.40
3.	Himachal Pradesh		20.45	182.79	153.04	117.62	221.29
4.	Jammu and Kashmir	3,698.75	379.76	271.47	134.99	1,348.40	266.91
5.	Jharkhand	646.43	286.44	1,040.57	296.56	1,905.04	147.95
6.	Madhya Pradesh	1,612.30	1,682.59	3,086.54	2,672.08	4,244.62	1,306.65
7.	Odisha	443.69	145.62	1,233.57	788.94	1,114.75	274.93

1	2	3	4	5	6	7	8
8.	Rajasthan	270.70	340.15	3,416.94	808.22	2,187.88	640.85
9.	Uttar Pradesh	1,799.07	130.36	1,516.15	558.10	893.88	116.88
10.	Uttarakhand	110.75	250.49	233.33	249.54	150.50	90.67
	SUB TOTAL	11,584.26	4,101.81	20,378.68	7,582.16	18,409.78	4,041.35
B. NE States							
11.	Arunachal Pradesh	-	0.40	212.70	61.87	137.83	23.95
12.	Assam	410.04	414.15	1,474.33	776.09	2,575.66	630.60
13.	Manipur	26.20	15.24	93.76	11.80	38.13	13.14
14.	Meghalaya	12.12	13.49	283.01	34.91	178.22	10.25
15.	Mizoram	23.81	1.18	62.50	17.34	140.10	18.74
16.	Nagaland	33.86	38.11	199.34	63.84	178.90	71.02
17.	Sikkim	25.43	5.27	62.50	15.36	43.21	3.93

18.	Tripura	200.48	68.41	221.21	56.63	58.07	46.76
	SUB TOTAL	731.94	556.25	2,609.35	1,037.84	3,350.12	818.40
C. Bon-High Focus States							
19.	Andhra Pradesh	1,604.14	88.36	4,656.98	866.21	2,144.84	502.07
20.	Goa	10.28	191.02	43.28	32.46	45.80	5.97
21.	Gujarat	1,178.55	1,595.02	4,616.99	2,521.96	2,799.58	706.61
22.	Haryana	742.61	426.85	484.79	180.92	539.62	185.85
23.	Karnatka	587.73	229.01	897.08	553.49	478.10	99.82
24.	Kerala	46.13	18.97	1,231.82	1,046.48	401.69	72.88
25.	Maharashtra	2,931.06	2,639.75	2,602.04	2,204.45	1,763.18	1,191.92
26.	Punjab	287.00	132.67	742.00	394.24	295.35	23.05
27.	Tamilnadu	17.21	-	5,946.94	20.15	561.50	153.72
28.	West Bengal	1,286.83	409.61	3,593.78	919.29	1,083.39	452.44
	SUB TOTAL	8,691.54	5,731.26	24,815.70	8,739.64	10,113.05	3,394.32

Written Answers to

[11 FEB., 2014]

Unstarred Questions 241

1	2	3	4	5	6	7	8
D. Small States/UTs							
29.	Andaman and Nicobar	-	-	55.45	-	5.98	-
30.	Chandigarh	14.58	-	14.03	0.02	0.40	0.05
31.	Dadar and Nagar	7.21	0.64	21.01	3.42	10.20	1.48
32.	Daman	2.50	0.17	6.60	0.33	-	-
33.	Delhi	61.47	3.05	409.20	24.40	79.20	21.90
34.	Lakshadweep	0.20	-	47.00	-	4.52	-
35.	Puducherry	13.30	9.29	3.20	3.50	14.96	0.80
	SUB TOTAL	99.26	13.15	556.49	31.67	115.26	24.23
	GRAND TOTAL	21,107.00	10,402.47	48,360.22	17,391.32	31,988.21	8,278.31

Note : The above Expenditure are from FMR reported by the states. For the F.Y. -2013-14 the expenditure figures are up to 30.09.2013. Hence Its provisional