

Sl. No.	States/UTs	2014-15	2015-16
17.	Karnataka	287.98	215.3
18.	Kerala	210.88	30
19.	Lakshadweep	0.68	0.74
20.	Madhya Pradesh	262.97	70.76
21.	Maharashtra	92.27	433.85
22.	Manipur	19.68	0
23.	Meghalaya	22.65	7.34
24.	Mizoram	25.94	6.21
25.	Nagaland	9	1.33
26.	Odisha	139.8	0
27.	Puducherry	6.83	6.83
28.	Punjab	27.28	47.85
29.	Rajasthan	77.03	298.26
30.	Sikkim	5.15	4.85
31.	Tamil Nadu	107.04	0
32.	Telangana	NA	85.37
33.	Tripura	25.56	25.78
34.	Uttar Pradesh	748.42	851.19
35.	Uttarakhand	38.24	62.67
36.	West Bengal	97.6	241.67
TOTAL		3837.06	4929.38

Causes of maternal deaths

†2692. SHRIMATI KAHKASHAN PERWEEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that problems of unsafe delivery, pregnancy and unsafe abortion are major causes behind maternal deaths; and

(b) if so, the steps being taken by Government to control them?

†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The Registrar General of India, Sample Registration System (RGI-SRS) provides a nation-wide disaggregated data on the different causes of maternal deaths at different intervals.

The major causes of maternal deaths as per RGI-SRS(200T-03) are:

- Haemorrhage: 38% occur mainly because of post-partum haemorrhage.
- Sepsis: 11%, because of any infection during pregnancy, labor and in post-partum period.
- Abortion: 8%, because of unsafe abortions.
- Hypertensive disorders: 5%, because of High Blood pressure during pregnancy.
- Obstructed labor: 5%
- Other causes: 34%- includes anaemia and various other causes.

Besides the above medical causes, social factors also contribute to high maternal mortality such as Illiteracy, low socio-economic status, early age of marriage, poor knowledge on nutritional care during pregnancy and preference for home deliveries through family members or village dais, poor access to health facilities etc.

(b) The key strategies and interventions which are being implemented for accelerating the decline in Maternal Mortality Ratio are:

- Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality.
- Building on the phenomenal progress of JSY, another major initiative "Janani Shishu Suraksha Karyakram" (JSSK) was launched in June 2011 to eliminate out-of-pocket expenses for both pregnant women and sick neonates. Under JSSK, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. This includes absolutely free to and fro transport between home and institution, diagnostics, medicines, other consumables, food and blood, if required. The scheme has been expanded to cover sick infants up to one year of age and cases of ante natal and post-natal complications as well.
- Mother and Child Tracking System (MCTS): A name based web enabled system

has been introduced by Government of India to track every pregnant women and child in order to ensure and monitor timely and quality services to them including ANC, INC, PNC, JSY benefit, Immunization etc. In addition SMS on services due to pregnant women are sent to ASHAS/ ANMs and pregnant women.

- Monthly Village Health and Nutrition Days (VHND) as an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- Engagement of approximately 9.15 lakh Accredited Social Health Activists (ASHAs) to facilitate accessing of health care services by the community, particularly pregnant women.
- Under the National Iron+ Initiative, iron and folic acid supplementation is being given across life stages including pregnant, lactating women and adolescent girls at health facilities and during outreach activities.
- Maternal Death Review (MDR) is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
- Operationalization of Safe Abortion Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on "Delivery Points". A policy decision has been taken for universal testing of HIV and syphilis in pregnant women.
- Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas. The Government is partnering with professional organizations like Federation of Obstetric and Gynecological Societies of India (FOGSI) to make this endeavor successful.
- Setting up of Skill Labs with earmarked skill stations for different training programs to enhance the quality of training in the States.
- Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.
- Further to sharpen the focus on the low performing districts. 184 High Priority Districts (HPDs) have been identified. These districts would receive higher per

capita funding, relaxed norms, enhanced monitoring and focussed supportive supervision, and encouraged to adopt innovative approaches to address their peculiar health challenges. Harmonised technical assistance to States by Development Partners to strengthen implementation of Interventions under RMNCH+A with a focus on High Priority Districts.

- To further accelerate the pace of decline in MMR, new guidelines has been prepared and disseminated to the states for Screening for Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Training of General Surgeons for performing Caesarean Section, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy, Dakshata guidelines for strengthening intra-partum care. Guidance Note on use of uterotonics during labor, Guidance Note on prevention and management of postpartum hemorrhage, Advisory note on allowing birth companions during labor and child birth have recently been approved.

Health projects of Himachal Pradesh pending with the Centre

†2693. SHRIMATI BIMLA KASHYAP SOOD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that projects of Irrigation and Public Health (IPH) Department of Himachal Pradesh worth approximately one thousand crores are pending with the Central Government;

(b) if so, the reasons for their delay and by when these projects will be cleared; and

(c) whether it is also a fact that concerned officers of Himachal Pradesh Government have advocated their point of view many times before the Central Government and organized meetings again and again but with no outcome in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) No such projects of Irrigation and Public Health (IPH) Department of Himachal Pradesh are pending with the Ministry of Health and Family Welfare. However, State Government Flood Management DPR amounting to ₹ 1155.15 crore namely Flood Protection Works on River Beas from Palchan to Aut in District Kullu is under appraisal in Central Water Commission (CWC) and further Central Assistance under Accelerated Irrigation Benefits Programme (AIBP) and Flood Management Programme (FMP) proposal amounting

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