

- (8) **Mother and Child Tracking System:** A name based Mother and Child Tracking System has been put in place which is web based to enable tracking of all pregnant women and newborns so as to monitor and ensure that complete services are provided to them. States are encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due and generate beneficiary-wise due list of services with due dates for ANMs on a weekly basis.
- (e) Does not arise.

#### **Measures for reducing MMR and IMR**

1913. SHRI Y.S. CHOWDARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in the country for the last three years, yearwise;
- (b) whether it is a fact that MMR and IMR rates are on much higher side in India as compared to other countries; and
- (c) if so, the steps taken or being taken by Government to reduce the MMR and IMR?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Survey data on Maternal Mortality Ratio (MMR) is available from the Report of Registrar General of India Sample Registration System (RGI-SRS) at three year intervals and is not provided every year. The latest available data on MMR is for the period 2007-09. During this period, the MMR of India was 212 per 100,000 live births.

As per the same source, data for Infant Mortality Rate (IMR) in India is available for the years 2009, 2010, and 2011. The latest IMR for the country as per SRS 2011 is 44 per 1000 live births. The IMR for year 2009 was 50 and for year 2010, it was 47.

- (b) As per the latest MMEIG (Maternal Mortality Estimation Inter-Agency Group-WHO, UNICEF, UNFPA, World Bank) report titled "Trends in Maternal Mortality: 1990 to 2010" India is ranked 126 out of 180 countries when countries are arranged in ascending order of MMR.

As per the Report published-by UNICEF India (2012) titled “Committing to Child Survival; A Promise Renewed” India ranks 45 out of 195 countries in the world in descending order of Infant Mortality Rate.

(c) Under the National Rural Health Mission, the key steps being taken by the Government of India to reduce MMR and IMR in the country are:

- Promotion of institutional deliveries through Janani Suraksha Yojana (JSY).
- Capacity building of health care providers in basic and comprehensive obstetric care, Integrated Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Surakshta Karyakaram (NSSK) etc.
- Operationalisation of sub-centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care 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 to provide essential newborn care at birth; and 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.
- Name Based web enabled tracking of pregnant women and children has been introduced to ensure antenatal, intranatal and postnatal care to pregnant women and care to newborns, infants and children.
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Iron and Folic Acid supplementation to pregnant and lactating women and children for prevention and treatment of anaemia.
- Weekly Iron and Folic Acid supplementation to adolescent girls.
- Engagement of 8.71 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Home Based Newborn Care (HBNC) through ASHA has been initiated 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.
- 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.
- Management of Malnutrition particularly Severe Acute Malnutrition (SAM) by establishing Nutritional Rehabilitation Centres (NRCs). As breastfeeding reduces infant mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development.
- Universal Immunization Program (UIP) against seven diseases for all children. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs.

#### **Violation of EWS Guidelines by private hospitals**

1914. SHRIMATI SMRITI ZUBIN IRANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some of the private hospitals in the country which have been allotted land on concessional rates are not providing free treatment to economically weaker sections of the society and thus violating the guidelines of Government;

(b) if so, the reasons therefor;

(c) the action Government has taken or proposes to take against such private hospitals which have been allotted land at concessional rates but flout Government guidelines; and

(d) the mechanism Government has evolved to ensure that economically weaker sections (EWS) of the society get free treatment in these hospitals?