

## Conditionality 1

### Reduction in MMR

#### STATE COMPLIANCE

As per Sample Registration Survey report of Office of Registrar General India for year 2011-13, **Maternal Mortality Ratio Estimates (MMR) of the State of Maharashtra** has been decreased from 87 in 2012 to 68 in 2015 showing 22% decrease over last year.

It has declined by 19 points from 87 of the year 2010-11.

Reduction of Maternal and Infant Mortality and Total Fertility Rate are the main goals of Reproductive and Child Health Programme (RCH), National Health Mission. Various activities which are implemented in the state in order to reduce maternal deaths are as follows:

- Early registration of pregnant mother,
- ANC - checkups,
- Iron-Folic Acid supplementation,
- TT immunization,
- Institutional deliveries,
- High-risk mother identification and their proper management.

Besides these activities, various other Schemes are being implemented through NHM to accomplish the goal of RCH to reduce MMR largely through hiked institutional deliveries. They are as follows:

#### 1) Janani Suraksha Yojana :-

- It is incentive based scheme.
- If the pregnant woman belongs to SC/ST/BPL family, residing *in rural area* and if delivers in Govt./Govt. accredited health institution, she will be paid Rs.700 through DBT.

- If the pregnant woman belongs to SC/ST/BPL family, *residing in urban area* and if delivers in Govt. /Govt. accredited health institution she will be paid Rs.600 through DBT.
- If the pregnant woman belongs to BPL family and if she delivered at home then Rs. 500/- is paid within 7 days from date of delivery by DBT.
- In case of emergency if pregnant woman belonging to SC/ST/BPL family has taken treatment at JSY accredited hospital and undergone LSCS then expenditure up to Rs 1500/- is paid to beneficiary.

## 2) Janani Shishu Suraksha Karyakram :-

- Under Janani Shishu Suraksha Karyakram free entitlements are provided to pregnant / delivered mothers up to 42 days after delivery and sick infants up to the age of 1 year.
- Following services are given free to the beneficiary :-
  - ✓ To and Fro transport services,
  - ✓ Diet services to mothers (3 days for normal deliveries and 7 days for C section),
  - ✓ Zero user fees,
  - ✓ Deliveries and C section,
  - ✓ Diagnostics and Medicines, and
  - ✓ Blood Transfusion (if needed).

## 3) Human development programme :-

In this program Payment of Rs. 4,000/- to pregnant mothers (SC/ST/BPL) in the 7th to 9th month in favor of loss of wages (Excluding Bhandara& Amravati - In this Districts Indira Gandhi Matrutva Sahyog Yojana is implemented).

## 4) Matrutva Anudan Yojana:-

- This scheme is implemented in 16 tribal districts of Maharashtra under Navsanjeevani Scheme since 1997-98.
- A pregnant women is paid Rs. 400 /- during pregnancy in cash and Rs. 400/- in kind for medicines required during pregnancy.
- The eligibility criteria for beneficiary are pregnant woman having up to 2 live children.

#### **5) Delivery Point Mapping:-**

- Delivery points in the state are mapped into L1, L2 and L3 facilities as per GoI guidelines based on Population and Time to Care criteria's. As per mapping total existing or proposed L1, L2 & L3 delivery points in the Rural area are 3022, 1360 & 214 also 19, 35 and 105 from corporation area respectively. Total L1 =3041, L2=1395 and L3=319 .However As per mid year 2016 population of the State (120631413), 225 level 3 facilities are required. Hence 184 facilities from rural and 41 facilities from corporation are selected.
- To make proposed L1, L2 & L3 delivery points optimally functional, regular review & monitoring on monthly and quarterly basis is being done from state level.
- Operationalization of blood storage units wherever not functional at identified L3 delivery points is in process.

#### **6) Maternal death review:-**

- Each maternal death either in facility or community has been got reviewed and the contributing factors are addressed effectively.

The gains made through increased institutional deliveries are being further enhanced by addressing the process of facility based obstetric and neonatal care supported by better tracking as well as continuum of care.

