



Review of IMR and MMR in Uttarakhand.

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ABSTRACT

National Health Mission NHM having a state directorate, its own programme management Unit along with Financial Management Unit was started in the year 2005. Infant Mortality Rate and Mother Mortality rate reduction is one of the targets of the mission. MMR for India in 2004 was 440 per one lakhs live births.

IMR was 58. NHM had a target of MMR as 100 and IMR to be 25 by year 2015 ; which is not met. After 3 years of NHM implementation in year 2008 National IMR 53 and MMR was 359. Current National MMR in 2015-16 is 172 with UK at 178 and National IMR for 2015-16 is 39 and for UK is 40. World Millinium Goal for IMR is 29 and MMR is 140 for 2015.

NHM takes care of pregnant women and spreads awareness to have safe Institutional births and better Neo Natal Care. Asha workers were appointed to increase access of health care to even remote areas. The NHM has planned actions at all levels to achieve World Millinium goal; which includes; Trainings to service provider; Easy access to health care through ASHA reaching people and dial 108 services bridging the distance of hospitals to the population.

Now even cash incentives are given to increase awareness and safe Institutional deliveries to achieve the targets. First refer Units (FRU) are setup for initial handling and management of delivery with minor complications or risky deliveries. New born stabilising units (NBSU) are also setup in the hospitals and doctors and staff are adequately trained to deal with the birth related complications.

The geography of the state creates challenge to the access of medical facilities for remote area population. There is a huge gap of doctors available to serve from what is needed. This needs to be addressed on top priority. Mobile clinics need to be restored for routine and regular services. Periodic camping is required in remote areas.

Keywords: *IMR: Infant Mortality Rate ; MMR: Mother Mortality Rate ; ANC: Antenatal Check up ; PNC: post Natal Check Up; Institutional Delivery; NHM : National Health Mission; ASHA: Accredited Social Health Activist*

I. INTRODUCTION

Health and Hygiene has a direct relationship with the status of economy of the state and nation. It is also a major contributor in nations work for efficient delivery to move towards development. All residents of a country essentially need best possible health facility. Neo Natal health becomes an important factor to improve and sustain health care. India ranks 134 in human development index. Uttarakhand is one of the Northern hill state with average household size of 4.5. The state has mean age at marriage of 22.3 Years.

IMR and MMR are among the important parameters of NHM to be worked upon.

Uttarakhand government has put focus and efforts to implement NHM and working to strengthen health infrastructure and improve public Private Partnership. There is focus to Initiate Medical care facility to Below Poverty Line People.

NHM has several ASHA in a population of every 2000 people; in case of remote access; it is one ASHA per 1000 people. ASHA takes care of Universal immunisation and other health care delivery programs along with ANC and PNC. Under NHM Sub centers are strengthened with increased fund allocation. Strengthening of Primary Health Centers is also done

Uttarakhand has Schooling rate of 93.3% with a dropout rate of 5.9%. Children engaged in working (5-14 years) is 1.3 %. Persons with any type of Acute Illness and taking treatment from any source is 98.7%.

Current Scenario of Uttarakhand

Median age at first live birth of women of 15-49 years age group in Uttarakhand is 22.8 years. This is well above the legal age of marriage and comparatively safe age of pregnancy. This factor will have low impact on IMR and MMR in Uttarakhand. Pregnancy to women resulting to abortion is 6.5%. Male sterilization is as low as 1.3%. Family planning by any method is 62.7%. Unmet need of family planning is 8%. The awareness level of the people of Uttarakhand is high as women registered for ANC in 2011 was 76.1%. with 73.4% in rural and 83.2% in urban area. The adverse geographical conditions do not deter women to access medical care system.

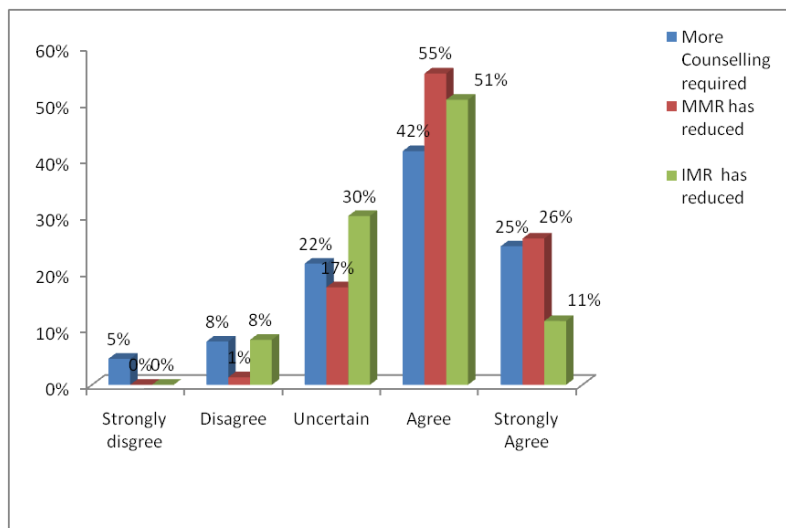
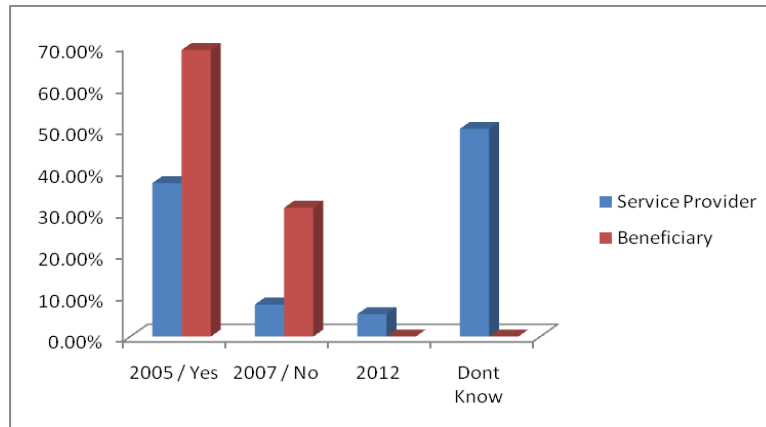
Institutional delivery in the state is 58.3% with delivery at govt Institution at 37.8%.

The Institutional delivery in Hill area in government hospitals is much higher than or plain area. Crude death Rate of the state is 6.4. Current IMR is 40 and MMR is 165

NHM has become an integrated program for various national health programs with Prime Focus on IMR and MMR reduction. Government has promoted and implemented the program since 2005 in all districts of Uttarakhand. The reduction of IMR and MMR is evident and shows effectiveness of program; however targets to achieve the world best are still distant.

Other factors:

The awareness level of the people and service providers in Uttarakhand is quite high.



Summary:

A review of NHM in Uttarakhand indicates that the IMR and MMR has both reduced however the target to achieve the values by 2015 were missed narrowly. The current efforts of the government are in right direction and suggest the targets can be achieved provided work force is brought to the current approved requirement; and shortfall immediately taken care of. More awareness camps in remote areas will bring down the situation completely to the desired pace and targets may be achieved.

Periodic ANC checkup camps in remote areas will help to identify risk pregnancies; arrangements can be made to move them to nearest available health facility in advance; which will help avoiding any pregnancy related complication to mother or child in turn helping reduce IMR and MMR.