অসম বিধান সভা
লিখিত প্রশ্ন নং- ৩২৬
উত্তৰ দিয়াৰ তাৰিখ: ১৪/০৭/২০২৬

বিষয় : প্রসূতি মৃত্যুৰ হাৰ

শ্রীআব্দুৰ ৰহিম আহমেদ, মাননীয় বিধায়ক।

মাননীয় মহিলা আৰু শিশু উন্নয়ন বিভাগৰ মন্ত্রী মহোদয়ে অনুগ্রহ কৰি জনাবনে :

(ক) অসমত প্রসূতি মৃত্যুৰ হাৰ কিমান ? জিলা ভিত্তিত তথ্য দিব ।

(খ) প্রসূতি মৃত্যুৰ কাৰণ সমূহ নির্মূল কৰাৰ বাবে চৰকাৰে কি কি পদক্ষেপ গ্রহণ কৰিছে বিতংকৈ সদনত দাখিল কৰিব।

-উত্তৰ-

মাননীয় স্বাস্থ্য আৰু পৰিয়াল কল্যাণ বিভাগৰ মন্ত্রী শ্রীযুত অশোক সিংহল মহোদয়ে উত্তৰ দিব : -

(ক) শেহতীয়াকৈ প্রকাশিত Sample Registration System (SRS) প্রতিবেদন ২০২২- ২৪ অনুসৰি অসমত প্রতি ১,০০,০০০ জীৱিত সন্তান প্রসৱৰ সমানুপাতে প্রসূতি মৃত্যুৰ হাৰ ৮৪ ।

২০২৫- ২৬ বিত্তীয় বর্ষত জিলাভিত্তিক প্রসূতি মৃত্যুৰ তথ্য বিৱৰণ Annexure - I ত সংলগ্ন কৰা হৈছে।

(খ) প্রসূতি মৃত্যুৰ কাৰণ সমূহ নির্মূল কৰাৰ বাবে চৰকাৰে গ্রহণ কৰা আঁচনি আৰু পদক্ষেপ সমুহ বিতংকৈ Annexure - II ত সংলগ্ন কৰা হৈছে।

----X----

বি দ্র.: উত্তৰ অসম বিধান সভাৰ প'র্তেল ত পৰিশিষ্টৰ সৈতে আপলোড কৰা হৈছে ।

Annexure I

Month wise trend of Maternal Death based on Source District (as on 05 July 2026)

Sl. No.	District	FY 2025-26 April 2025 - March 2026												
	(Source District)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Death
1	Bajali	0	0	0	0	1	0	0	0	0	0	0	0	1
2	Baksa	0	0	0	0	0	1	0	1	0	1	0	0	3
3	Barpeta	0	1	2	3	0	1	4	3	1	1	2	1	19
4	Biswanath	0	0	0	0	0	1	0	1	0	1	0	0	3
5	Bongaigaon	0	1	1	0	0	1	2	0	0	0	1	0	6
6	Cachar	2	0	0	2	0	1	0	0	0	0	0	0	5
7	Charaideo	1	2	1	0	0	2	1	0	0	0	0	1	8
8	Chirang	0	0	0	0	2	2	1	0	1	0	0	0	6
9	Darrang	0	1	0	0	0	1	2	1	0	1	1	0	7
10	Dhemaji	2	1	2	0	1	1	0	1	0	0	0	0	8
11	Dhubri	1	1	1	0	5	2	1	1	1	1	5	2	21
12	Dibrugarh	0	2	0	5	1	3	4	1	1	0	1	0	18
13	Dima Hasao	0	0	0	0	0	0	0	0	0	1	1	0	2
14	Goalpara	1	0	1	0	0	0	1	0	3	1	0	1	8
15	Golaghat	1	0	1	1	1	2	0	2	0	1	1	0	10
16	Hailakandi	0	0	0	1	0	1	1	1	2	0	0	1	7
17	Hojai	1	1	0	1	0	2	0	0	2	0	1	0	8
18	Jorhat	1	0	0	0	0	2	1	1	1	0	1	0	7
19	Kamrup Metro	0	0	2	3	0	1	0	2	0	0	1	0	9
20	Kamrup Rural	1	1	1	2	1	2	1	0	3	1	0	2	15
21	Karbi Anglong	1	0	2	0	4	2	0	0	1	1	0	0	11
22	Kokrajhar	1	0	3	0	0	1	2	0	1	0	0	0	8
23	Lakhimpur	0	0	0	0	0	1	2	0	2	0	2	0	7
24	Majuli	0	0	0	0	0	0	0	0	0	0	0	0	0

Month wise trend of Maternal Death based on Source District (as on 05 July 2026)

Sl. No.	District	FY 2025-26 April 2025 - March 2026												
	(Source District)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Death
25	Morigaon	0	0	0	1	2	0	0	1	0	0	1	0	5
26	Nagaon	1	0	1	1	0	1	0	2	0	0	0	0	6
27	Nalbari	0	1	0	0	0	1	1	0	0	0	0	1	4
28	Sivasagar	0	1	2	0	1	4	1	0	0	2	0	0	11
29	Sonitpur	3	0	1	0	1	0	1	0	1	0	0	1	8
30	South Salmara	0	0	0	0	5	0	1	1	0	4	3	0	14
31	Sribhumi (Karimganj)	1	0	1	2	2	1	0	0	1	2	0	0	10
32	Tamulpur	0	0	1	0	0	0	0	0	0	0	0	0	1
33	Tinsukia	2	1	2	4	1	0	3	1	2	5	1	0	22
34	Udalguri	0	0	3	2	2	1	0	0	0	0	0	0	8
35	West Karbi Anglong	0	0	0	1	2	0	1	0	1	0	0	1	6
	Assam Total	20	14	28	29	32	38	31	20	24	23	22	11	292
1	Outside State	0	2	0	2	0	1	1	2	0	3	0	2	13
	Total	20	16	28	31	32	39	32	22	24	26	22	13	305

Annexure-II

ANNEXURE II

The schemes implemented in the state for reduction of maternal mortality and morbidity are detailed below:

i) Janani Suraksha Yojana (JSY) – Objective of the Scheme is to promote institutional deliveries to reduce maternal and neonatal mortality. Under this scheme if a Pregnant Women from Urban Area get delivered at Public Health Facility or Accredited Private Hospital will get incentive of Rs. 1000/- , if from Rural Area will get Rs 1400/- and if delivered at home will get Rs 500 /- after delivery irrespective of age, birth order, or income group (BPL &APL).

ii) Janani Shishu Suraksha Karyakram (JSSK) – The focus of Scheme is to eliminate out-of-pocket expenses for pregnant women and sick infants accessing public health institutions. The primary objective of the scheme is reduction of MMR and IMR . This scheme Provides free and cashless maternity services , including delivery (normal and caesarean), drugs, diagnostics, diet, blood transfusion (where required), and transport for pregnant women, as well as free treatment for sick newborns upto 1 year

iii) In addition, the Government of Assam has introduced a special Scheme **"Wage Compensation Scheme"** for pregnant women of tea gardens. Implemented in tea garden districts, this scheme compensates for wage loss during pregnancy, encourages timely antenatal care and institutional deliveries, and contributes to improved maternal and newborn health outcomes. The objective is to empower pregnant woman by giving her financial incentive of Rs 15, 000/- (in four installment) empowered to spend for availing her own improved health and nutrition (as per her choices), which also helps in ensuring better health of unborn baby. So, that she can take care of better health and nutrition during pregnancy and after delivery.

Other Initiatives

Along with the above mentioned scheme state has taken many strategies implemented as detailed below:

1. Quality ANC

   - Special strategies is adopted for 100 % ANC Registration within 1st trimester increase.

- Total 130 numbers of Mobile Medical Units (MMUs) have been deployed in Tea garden, hilly and hard to reach areas to provide primary health care services including antenatal checkup. Total 15 numbers of Boat Clinics have been deployed in riverine and char areas to provide primary health care services including antenatal checkup
- Special strategies adopted for early identification and management of high risk pregnancy.
- The State has formulated State-specific High-Risk Pregnancy Guidelines for both technical and managerial personnel. All the identified high risk cases are being followed by for timely management.
- PMSMA is another platform being utilized by the State for the identification of high-risk pregnancies. To enhance coverage and improve the detection of high-risk cases, the State has increased the number of PMSMA and E-PMSMA sites.

2. Increase Institutional Delivery: Various strategies are being adopted to increase institutional delivery coverage.

- Special focus given to increase the number of First Referral Units (FRUs) in the State.
- Further, 104 Comprehensive Emergency Obstetric and Newborn Care (CEmONC) including 13 Medical College, 1 Ayurvedic College and 90 First Referral Unit (FRUs) are functional in the State.
- Referral Transport system has been strengthened for timely referral of pregnant women. Boat ambulances are deployed for transportation of pregnant women of riverine areas.
- Further, 649 Patient Transport Vehicles (PTVs)provided to tea gardens for strengthening referral transport system in the tea garden areas.
- Birth Waiting Homes have been taken up to facilitate pregnant women of hard to reach areas for advance stay before delivery.
- Home delivery pockets has been identified and special strategies adopted to provide facilities in those areas.
- Interventions such as mapping of home-delivery pockets, strengthening of delivery points, increasing the number of delivery points, establishment of Birth Waiting Homes in hard-to-reach areas, deployment of Boat Ambulances in riverine areas, and rationalization and deployment of human resources have contributed significantly to this achievement.

3. Other programmes /Activites

i) Maternal Death Review & Surveillance. Each Maternal Death Cases are extensively reviewed at Block, District and State level. Gaps with delays are analysed and corrective action taken immediately.

ii) SUMAN : **(Surakshit Matritva Aashwasan)** is another initiative implemented to end all preventable maternal and newborn deaths. It provides completely free, dignified, and high-quality healthcare services to all pregnant women, mothers up to six months postpartum, and sick newborns at public health facilities

iii) CAC **Comprehensive Abortion Care:**

Comprehensive Abortion care is a component of reproductive health services aimed at ensuring safe, high quality abortion services and post abortion care along with family planning to reduce unintended pregnancies.

Unsafe abortion is a significant yet to preventable cause of maternal mortality accounting for approximately 8 percent of the maternal deaths. Lack of accessibility to safe abortion services by qualified providers in hygienic condition is one of the important reasons for this. Recognizing the fact that unsafe abortion is a major concern, providing access to safe abortion services in the public sector health facilities is one of the key focus areas under National Health Mission

iv) Capacity Building of Service Providers by providing training such as Skill Birth Attendent, Dakshata, BEMONC, CAC etc