

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:4692

ANSWERED ON:23.04.2010

JANANI SURAKSHA YOJANA

Anuragi Shri Ghansyam ;Mani Shri Jose K.;Patil Shri A.T. Nana

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the main aims and objectives of the Janani Suraksha Yojana (JSY);
- (b) the details of the coverage of the programme in the Eleventh Five Year Plan period in the country;
- (c) whether the Government proposes to achieve 100 per cent institutional delivery under the JSY;
- (d) if so, the details thereof and the number of women benefited there under, State-wise; and
- (e) the steps taken or proposed to be taken by the Government to strengthen the health infrastructure in view of the shortage of the human resources and medical facilities?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) & (b) Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM), being implemented with effect from 12th April 2005 with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women in all States and Union Territories.

(c) & (d): The National Population Policy (NPP) 2000 envisages "Achievement of 80% institutional delivery by 2010".

The institutional delivery has increased from 40.9% in DLH-II (2002-04) to 47% in DLHS-III (2007-08). As per the report available under the Health Management Information System (HMIS) Ministry of Health & Family Welfare) (April 2009 to February 2010), the %age of institutional deliveries out of the total reported deliveries by the States has increased to 71.5%. A statement showing number of women benefitted under Janani Suraksha Yojana (JSY) upto 2008-09 since its introduction is Annexed.

(e) To overcome the shortage of human resources and medical facilities, over 73,000 Nurses and ANMs, over 12,000 MBBS Doctors and Specialists have been added on contract under NRHM. The NRHM seeks to strengthen service delivery by ensuring community ownership of the health facilities. In addition, the following strategies have been undertaken.

1. Operationalizing facilities as First Referred Unit (FRUs), and 24x7 Community Health Centres (CHCs), and Primary Health Centres (PHCs)
2. Multi-skilling of doctors to overcome shortage of critical specialities (Training on Life Saving Anaesthesia Skills and Emergency Obstetric Care)
3. Skilled attendance at birth (domiciliary & health facilities).
4. Strengthening Referral Systems including transport.
5. Accrediting private health institutions for institutional deliveries.