

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

UNSTARRED QUESTION NO:1412
ANSWERED ON:04.03.2011
CHILD DELIVERY FACILITY TO RURAL WOMEN
Mahajan Smt. Sumitra

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

- (a) whether the Government has formulated a scheme to provide delivery facility to the rural women of far-flung areas at the sub-health centres in various States in the country;
- (b) if so, the details thereof;
- (c) the number of sub-health centres where this facility is proposed to be provided in various States particularly in Madhya Pradesh under the said scheme, State-wise; and
- (d) the time by which the work on the said scheme is likely to be started?

Answer

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

(a) to (d): The Government is promoting institutional deliveries in Government health facilities with a special focus on expanding access for women in farflung, difficult and remote rural areas. Though there is no separate scheme to provide facilities for delivery to the rural women of far-flung areas only at the sub-health centres, States have identified specific Sub-Centres in remote areas for conducting normal deliveries.

Under the National Rural Health Mission (NRHM) and the Reproductive and Child Health Programme within its umbrella, the Government of India is strengthening Sub Centres, PHCs, CHCs and Sub-District /District Hospitals with the necessary infrastructure, drugs, supplies, equipments and trained service providers with a special focus on remote and far-flung areas. These include Sub Centres, PHCs, CHCs and Sub-District /District Hospitals in the State of Madhya Pradesh also.

To enable public health institutions to conduct safe deliveries, the following steps have been taken:

1. Janani Suraksha Yojana (JSY), a conditional cash transfer scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women. The scheme has brought about significant increase in institutional delivery.
2. Infrastructure up gradation of public health institutions including labour rooms.
3. Providing drugs, supplies and equipment for obstetric care.
4. Augmenting the availability of skilled manpower by training ANMs in Skilled Birth Attendance and MBBS doctors in emergency Obstetrical care and life saving anaesthetic skills.
5. Appointment of an Accredited Social Health Activist (ASHA) in the village to facilitate accessing of services at these health centres by pregnant women.
6. Referral systems including emergency referral transport, for which the states have been given flexibility to use different models to transport pregnant women for delivery from home to the facilities and also to higher facility in case of any complications.
7. Strengthening of Government health facilities by providing them with flexible funds.