

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

UNSTARRED QUESTION NO:1870
ANSWERED ON:02.12.2011
INSTITUTIONAL DELIVERIES
Singh Shri Dushyant

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

- (a) the percentage of deliveries attended by skilled personnel through institutional delivery mechanism in rural and urban areas of the country, separately;
- (b) the role played by the Accredited Social Health Activists and Self Help Groups in increasing the number of institutional deliveries;
- (c) the time by which the Government expects to cover the totality of institutional deliveries through institutional delivery mechanism; and
- (d) the steps taken to achieve the goal?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a): The institutional deliveries in the country have increased from 40.9% as per the District Level Household and Facility Survey (DLHS-II) -2002-04 to 47% in DLHS-III -2007-08. As per the Coverage Evaluation Survey (CES 2009) by UNICEF, the Institutional delivery is 72.9%. Institutional delivery rates in rural and urban areas was 29.8% and 69.4% respectively in DLHS II which rose to 37.9% and 70.5% in DLHS -III. Under CES 2009, the rural and urban Institutional delivery was 68% and 85.6% respectively.

(b): The key role of the Accredited Social Health Activists (ASHA) is to generate demand and facilitate accessing of health care services including

services for institutional delivery by the community. The activities undertaken by the ASHA include the following:

To visit the pregnant women regularly, prepare micro-birth plans and explain to them the benefits of institutional delivery.

At the time of delivery, to escort the pregnant woman to the nearest public health facility.

To facilitate arrangement for referral transport and stay with the mother in the institution till her delivery.

To assist the ANM in providing care to the mother during the postnatal period through home visits.

To facilitate the pregnant women in getting the benefits under the JSY scheme.

Self Help Groups (SHGs) also help generate demand for institutional delivery in the community.

(c) & (d): Under the National Rural Health Mission (NRHM) and within its umbrella, the Reproductive and Child Health Programme Phase II, steps taken to increase the institutional delivery rates across the country include the following:

Promotion of institutional deliveries through Janani Suraksha Yojna.

Capacity building of health care providers in basic and comprehensive obstetric care.

Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.

Name Based Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.

Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.

Engagement of more than 800,000 Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

Village Health and Nutrition Days in rural areas as an outreach activity which also serves as a platform to promote institutional delivery.

A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.