

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

UNSTARRED QUESTION NO:5966
ANSWERED ON:11.05.2012
INSTITUTIONAL DELIVERIES
Kanubhai Patel Jayshreeben

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

- (a) the details of increase in the number of institutional deliveries in 2010-11 as compared to 2009-10 under the National Rural Health Mission;
- (b) the reasons for very slow pace/inoperative state of rural health care system in the country despite expenditure to lakhs of rupees by the Government; and
- (c) the efforts being made by the Government to strengthen the National Rural Health Mission?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) As per the Health Management Information System (HMIS) under the National Rural Health Mission, total institutional deliveries at public and private accredited health facilities increased from 1.62 Crores in the year 2009-10 to 1.68 Crores in the year 2010-11.

(b) It is not true that the pace of progress under the National Rural Health Mission (NRHM) is slow or that the rural health care system is inoperative. In fact, after the launch of NRHM in 2005, it has had a positive impact in various areas. Some of the key achievements under NRHM are:

1. Accelerated improvements in key reproductive health indicators e.g. Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), Total Fertility Rate (TFR) and Institutional Delivery Rate.
2. Upgradation and operationalization of 8250 Primary Health Centers (PHCs) as 24X7 facilities
3. Operationalization of 2312 FRUs which includes Community Health Centers (CHCs), Sub District Hospitals and District Hospitals for providing OPD and 247 indoor facilities especially for comprehensive emergency obstetric and newborn care.
4. 374 Special Newborn Care Units, 1638 Newborn Stabilization Units, and 11432 Newborn Care Corners have been established at different levels of health facilities.
5. Augmentation of the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance for Auxiliary Nurse Midwives/Staff Nurses/Lady Health Visitors; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section.
6. Over 1.4 lakh Human Resources have been engaged across the country on contractual basis under National Rural Health Mission which includes- ANMs, Staff Nurses, Paramedics, AYUSH Doctors, Doctors, Specialists and AYUSH Paramedics.
7. Engagement of 8.61 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

(c) The key strategies adopted by the Government of India to strengthen NRHM are:

Creation of strong institutional mechanisms at National and State level through Mission Steering group, State/District Health Mission.

Strengthening Programme Management units for effective public health management through State, District and Block Programme management units.

Enhanced fund allocation to NRHM for additional funding to States.

Preparation of inter-sectoral District Health Plans.

Integrating vertical Health and Family Welfare programmes at National, State, District and Block levels.

Supporting States through united funds for the functioning of Village Health Sanitation & Nutrition Committees and thereby focusing on creation of Village Health Plans.

Promoting access to healthcare at household level through ASHA.

Supporting the States to train and enhance capacity of Panchayati Raj Institutions.

Strengthening facilities from PHCs and above through grants to Rogi Kalyan Samitis (RKS).

Promotion of Public Private Partnership through NRHM to improve service delivery.