

1	2	3
21	Assam	26225
22	Arunachal Pradesh	3426
23	Manipur	3878
24	Meghalaya	6175
25	Mizoram	987
26	Nagaland	1700
27	Sikkim	666
28	Tripura	7367
29	Andaman & Nicobar Islands	407
30	Chandigarh	30
31	Dadra & Nagar Haveli	85
32	Daman & Diu	0
33	Delhi	2680
34	Lakshadweep	83
35	Puducherry	0
TOTAL		805685

Institutional delivery mechanism in rural and urban areas

3626. SHRI AVINASH PANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of child deliveries attended by skilled personnel through institutional delivery mechanism in rural and urban areas of the country;

(b) the role played by the Accredited Social Health Activists (ASHAs) and Self Help Groups (SHGs) in increasing the number of institutional deliveries;

(c) by when Government intends to cover the totality of institutional deliveries through institutional delivery mechanism; and

(d) the details of the steps taken to achieve the goal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND 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, this rural and urban Institutional delivery was 68% and 85.6% respectively.

(b) The key role of the Accredited Social Health Activists (ASHAs) is to generate demand and facilitate access 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) and (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 named Janani Shishu Suraksha Karyakaram (JSSK) has been launched recently, 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.

Efforts to narrow gender-gap in the country

‡3627. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases registered under Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of sex selection) Act, 1994 and the current status thereof;

(b) the difference in present sex ratio and whether in view of it Ministry is working on any proposal through which more success could be achieved in eliminating the difference in sex ratio; and

(c) whether any study has been conducted on higher, lower and middle classes which might help in knowing the difference in sex ratio?

‡Original notice of the question was received in Hindi.