

- (i) Provide Special Assistance at 90:10 ratio for Externally Aided Projects as well as CSS, as being given to Special Category States.
- (ii) Permit the State Government to clear other outstanding loans towards EAPs, Small Savings and NABARD.
- (iii) Borrow from internal lender like NABARD, HUDCO, and other Commercial Banks.
- (iv) Use the gap to pay interest commitments to Government of India, NABARD and EAPs.
- (v) Not to make the Special Assistance Measure as a part of State FRBM Limit.

The reason stated by the State Government of Andhra Pradesh while requesting above modifications to the Special Assistance Measure is that the State might not be able to utilise the Special Assistance Measure on repayment of loan and interest for the Externally Aided Projects (EAPs) signed and disbursed during 2015-16 to 2019-20 by the State owing to elaborated procedures in getting clearance and approval from external funding agencies as well as time taken in grounding and completion of the projects.

(d) The Union Cabinet has given its approval for the Special Assistance Measure for the Successor State of Andhra Pradesh by way of special dispensation in funding of Externally Aided Projects (EAPs) on 15th March, 2017. In compliance to the same, based on the request received from the State Government of Andhra Pradesh, the Central Government has released an amount of ₹ 15.81 crore towards repayments of interest liabilities of EAPs signed and disbursed by the State during 2015-16 to 2017-18 in 2018-19.

Unsafe abortions

*92. SHRIMATI VANDANA CHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the estimated percentage of unsafe abortions performed in the country;
- (b) the reasons therefor and whether poor access to abortion services is one of the reasons;
- (c) the details of the number of public healthcare centres with trained abortion providers, State-wise;
- (d) whether there is a shortage of trained abortion providers in public healthcare, if so, the details thereof; and
- (e) the steps Government has taken to spread awareness about legal validity of abortion,, campaign about safe abortion services in public health facilities and act against illegal abortion providers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e) India legalized abortion as early as 1971 by Medical Termination of Pregnancy Act, 1971. Provision of comprehensive safe abortion care services is an important component of RMNCH+A program under Government of India. Abortion services are to be provided free of cost in public health facilities including 24×7 PHCs, CHCs, SDHs, DHs and Medical Colleges.

The reasons for unsafe abortion include stigma and discrimination associated with abortion, need for confidentiality and anonymity for the women, possible lack of awareness about the legality of abortion care in population, self-medication etc.

Data on the number of unsafe abortions in the country is not presently captured in any National Level Survey.

The State-wise details of the number of public healthcare centres with trained providers are given in the Statement (*See* below).

Under the National Health Mission(NHM), funds are provided to States and UTs to improve the provision of safe abortion services, for capacity building of service providers, supply of drugs and equipments in public health facilities as per proposals received from the States in their Programme Implementation Plans (PIPs) based on their felt needs.

The National Health Mission (NHM), is providing support to the States for spreading awareness about legality of abortion, availability of safe abortion services in public health facilities and for prevention of illegal abortions. Following are the steps taken by the Government:—

- Dissemination of Comprehensive Abortion Care (CAC)-Service Delivery and Training Guidelines to States and UTs.
- Provision of Funds to States to plan and implement comprehensive "Information Education and Communication/Behaviour Change Communication (IEC/BCC)" activities for maternal health including safe abortion care.
- Capacity Building of ANMs, ASHAs and other field functionaries for provision of confidential counseling for safe abortion and for promotion of post-abortion care including adoption of contraception.
- Orientation/Training of ASHAs to equip them with skills to create awareness on abortion issues in women and in the community and to facilitate women's access to CAC services.
- Sensitization Workshops on Comprehensive Abortion Care are being held in States.
- Under the Family Planning Strategy, steps have been taken to provide an extended basket of choice for contraceptive services and family planning counseling to the beneficiaries to reduce unintended pregnancies and unsafe abortions.

Various measures have been undertaken by Government for action against illegal abortion providers:—

- MTP Act has provision for taking action against illegal abortion providers. Whoever contravenes the provisions of the Act, is punishable with rigorous imprisonment for a term which shall not be less than 2 years but which may extend to 7 years.
- District Level Committees are formed in the States. These Committees are empowered to take action against illegal abortion.

Statement

State-wise details of the number of public healthcare centres with trained providers

State	No. of public facilities with trained providers
1	2
Andaman and Nicobar Islands	28
Andhra Pradesh	185
Arunachal Pradesh	11
Assam	293
Bihar	180
Chandigarh	5
Chhattisgarh	133
Dadra and Nagar Haveli	3
Daman and Diu	3
Delhi	33
Goa	13
Gujarat	247
Haryana	117
Himachal Pradesh	22
Jammu and Kashmir	79
Jharkhand	249
Karnataka	489
Kerala	148
Lakshwadeep	10

1	2
Madhya Pradesh	481
Maharashtra	1011
Manipur	78
Meghalaya	48
Mizoram	43
Nagaland	13
Odisha	152
Punjab	357
Puducherry	2
Rajasthan	472
Sikkim	5
Telangana	838
Tamil Nadu	682
Tripura	12
Uttar Pradesh	138
Uttarakhand	70
West Bengal	442
INDIA	7092

Source: State/UT reports.

Shortage of medical forensic Experts in India

*93. DR. VIKAS MAHATME : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of registered forensic pathologists in india;
- (b) whether India is facing a serious shortage of doctors who perform forensic autopsies, if so, steps taken to increase number of forensic pathologists;
- (c) the steps taken by Government to ensure that autopsies are done by trained skilled medical graduates;
- (d) the number of autopsies performed in last three years in private medical colleges, year-wise and State-wise;
- (e) the steps taken by MCI to ensure skill transfer and exposure to forensic postgraduates especially in private medical colleges; and