

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 2293
TO BE ANSWERED ON 23RD SEPTEMBER, 2020**

INSTITUTIONAL BIRTHS/DELIVERIES

2293. MS. LOCKET CHATTERJEE:

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

- (a) whether the Government has set up a deadline for achieving 100 percent Institutional Births in the country, if so, the details thereof;
- (b) the steps taken to increase institutional Births;
- (c) whether the Government is aware of the substandard and inhuman facilities in various health centres as a result of which several women are choosing noninstitutional deliveries, if so, the details thereof; and
- (d) whether the Government has found serious cases of non-institutional deliveries in Cities/ urban areas?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

- (a) The Government has not set up any deadline for achieving 100 percent Institutional Births in the country.
- (b) The steps taken to increase the Institutional births in the country are placed at Annexure.
- (c) & (d) No such information is available with the Government.

Annexure

- **Surakshit Matritva Aashwasan (SUMAN)** a comprehensive multipronged and coordinated approach with the aim to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services to every woman and newborn visiting public health facilities in order to end all preventable maternal and newborn deaths and morbidities and provide positive birthing experience
- The **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** Under PMSMA, all pregnant women in the country are provided fixed day, free of cost, assured quality Antenatal Care on the 9th day of every month.
- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme was launched in April 2005 with the objective of increasing the Institutional Delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** was launched in June 2011 to reduce out of pocket expenditure for pregnant women and sick neonates. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including caesarean section.
- **LaQshya** - LaQshya programme was launched in December 2017 to improve the quality of care in Labour room and Maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum period.
- **Midwifery programme** has been initiated in 2018 with the aim to create a cadre for Nurse Practitioners in Midwifery who are skilled in accordance to International Confederation of Midwives (ICM) competencies and capable of providing compassionate women-centred, reproductive, maternal and new-born health care services.
- **Functionalisation of FRUs:** Provision of Emergency Obstetric Care at FRUs is being done by operationalizing all FRUs in the country. While operationalizing, the thrust is on strengthening the critical components such as manpower, blood storage units, referral linkages etc.
- **Maternal and Child Health (MCH) Wings** established at high caseload facilities to improve the quality of care provided to mothers and children
- Operationalization of Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care.

- **Delivery Points** Over 25,000 ‘Delivery Points’ across the country have been strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCHA+N services.
- **Obs HDU&ICU-** Operationalization of Obstetric ICU/HDU in high case load tertiary care facilities is being done across the country to handle complicated pregnancies.
- **Mother and Child Tracking System (MCTS):** A Web based system has been introduced by Government of India to track every pregnant woman and child in order to ensure timely and quality services.
- **Capacity building** of health care providers on Daksh and Dakshata and for MBBS doctors on Anesthesia (LSAS) and Obstetric Care including C-section (CEmONC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.