

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

**LOK SABHA
STARRED QUESTION NO. 182
TO BE ANSWERED ON 1ST AUGUST, 2025.**

INSTITUTIONAL CHILD DELIVERIES

***182: SHRI CHAMALA KIRAN KUMAR REDDY:
SMT. D.K. ARUNA:**

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

- (a) whether the Government is aware that ever since the launch of National Rural Health Mission (NRHM), institutional child deliveries have increased in the country, if so, the details thereof and the reasons therefor;
- (b) whether the Government has taken note of the hardships being faced by the pregnant women for transportation that from rural/forest areas and far away islands to reach a proper health facility centre for child-birth/delivery;
- (c) if so, the number of such cases reported and the corrective measures taken/being taken and the results achieved therefrom since the past six years; and
- (d) the amount of funds sanctioned and utilised for the purpose during the said period till date, State-wise including Uttar Pradesh, Himachal Pradesh and Telangana?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (d): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION
NO.*182 FOR 1ST AUGUST, 2025**

(a): Under NHM, institutional delivery increased from 38.7% in NFHS-3 (2005-06) to 88.6% in NFHS-5 (2019-21). The programmatic interventions, which led to the increase in institutional deliveries in country, include schemes as mentioned below:

- **Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Health Mission, implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. It is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care.
- **Janani Shishu Suraksha Karyakram (JSSK)** under which every pregnant woman and sick infant is entitled to free delivery, including caesarean section in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables & diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month. **Extended PMSMA (e-PMSMA)** enables individual High Risk Pregnancy (HRP) tracking for pregnant women.
- **LaQshya** (Labour Room Quality Improvement Initiative) improves 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.
- **Surakshit Matritva Aashwasan (SUMAN)** provides the assured, dignified, respectful and quality healthcare at no cost and provision of services for every woman and newborn visiting the public health facility focussing towards preventable maternal and newborn deaths.
- **Optimizing Postnatal Care** strengthens the quality of postnatal care by laying emphasis on detection of danger signs in mothers and incentivisation of Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women.
- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Operationalization of Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU)** in high case load tertiary care facilities across the country to handle complicated pregnancy.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.

- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child-care including nutrition in convergence with Ministry of Women and Child Development.
- **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal and Child health services, community mobilization as well as to track high-risk pregnancies.
- Under **Pradhan Mantri Matru Vandana Yojana (PMMVY)** scheme of Ministry of Women and Child Development, cash incentives are directly provided in the Bank/Post Office account of the eligible beneficiary for the first child and second child (subject to the second child being a girl), after the institutional delivery.

(b) and (c): To facilitate the institutional child delivery, following measures have been taken:

- **National Ambulance Service:** National Ambulance Services (NAS) under NHM, provides two types of ambulance services: 108 (ALS/BLS) and 102 (Patient Transport Vehicle- PTV). Dial 108 is an emergency response system, primarily designed to attend to critical care patients, trauma, and accident victims etc, while Dial 102 services provides basic patient transportation for pregnant women, mothers, newborns and children to and from health facilities.
- In geographically challenging areas, innovative solutions such as bike and boat ambulances are deployed to enhance the access and coverage by the State/UTs, as applicable.
- **Mobile Medical Unit:** Under the National Health Mission (NHM), Government of India provides financial and technical support to States/UTs to strengthen their healthcare systems. In order to provide services at the doorsteps of population living in the most remote and hard-to-reach areas, States are supported with Mobile Medical Units (MMUs).
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant women delivering in public health institutions to have free and no-expense delivery, including free transportation from home to healthcare facilities, inter-facilities and drop back from healthcare facilities to home. The States/UTs provide, as per requirement, alternative modes of transportation under JSSK such as, Palki, Boat and Air Ambulance in tribal, rural and hard-to-reach areas. Details of Pregnant women who availed JSSK services for free Home to facility transport, Inter-facility transfers and Drop Back home is placed at **Annexure-I**.

(d): The State-wise details including Uttar Pradesh, Himachal Pradesh and Telangana for the expenditure in last six years is placed at **Annexure-II**.

ANNEXURE-I

Details of Pregnant women who availed JSSK services for free Home to facility transport, Inter-facility transfers, and Drop Back home						
Financial Year	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Provisional)
Number of Pregnant Women provided - Free Home to facility transport under JSSK	49,26,653	54,42,079	58,08,138	65,14,137	45,95,707	50,98,464
Number of Pregnant Women provided – Inter-facility transfers when needed under JSSK	9,43,400	11,77,852	11,74,753	12,25,238	11,61,737	14,00,978
Number of Pregnant Women provided - Free Drop Back home under JSSK	49,49,666	53,46,898	58,73,543	65,72,141	51,27,058	55,59,334

ANNEXURE-II

State/UT-wise Expenditure for Referral Transport under NHM from FY 2019-20 to FY 2024-25 (Rs. in Lakhs)							
Sl. No.	States	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1	Andaman & Nicobar Islands	72.68	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	2,023.97	9,468.01	9,295.20	3,470.32	4,021.36	950.88
3	Arunachal Pradesh	85.69	427.16	1,075.50	1,956.90	2,189.98	2,898.91
4	Assam	3,819.91	4,976.62	10,524.18	10,847.05	12,817.01	13,573.89
5	Bihar	1,625.99	5,009.52	7,506.29	8,831.67	15,224.08	14,903.50
6	Chandigarh	72.00	0.00	0.00	100.80	133.60	198.30
7	Chhattisgarh	8,280.29	9,700.25	11,472.46	8,695.28	12,122.61	11,471.47
8	Dadra & Nagar Haveli	0.00	0.00	0.85	0.26	0.00	0.00
	Daman & Diu	0.52					
9	Delhi	299.74	0.00	0.00	1,725.63	1,463.80	0.00
10	Goa	180.00	505.86	545.40	445.18	452.00	489.77
11	Gujarat	3,697.08	6,264.00	3,200.00	7,207.00	13,083.00	13,371.61
12	Haryana	4,747.14	1,082.17	4,367.78	5,504.87	6,418.70	5,953.21
13	Himachal Pradesh	2,025.88	3,229.80	3,342.60	2,847.77	2,808.49	1,566.35
14	Jammu & Kashmir	15.00	2,181.83	2,111.31	3,520.04	3,551.13	4,406.11
15	Jharkhand	7,826.82	3,568.92	3,698.35	2,942.81	5,793.03	4,801.25
16	Karnataka	3,847.86	2,596.86	5,097.72	4,336.20	6,375.49	5,782.97
17	Kerala	0.00	4,544.24	4,571.81	4,091.38	3,419.70	1,400.00
18	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00
19	Madhya Pradesh	15,206.43	9,248.86	8,712.29	22,338.33	37,840.44	39,329.06
20	Maharashtra	2,532.02	117.24	86.31	0.00	193.34	0.00
21	Manipur	78.61	121.30	34.99	57.98	28.10	37.96
22	Meghalaya	39.53	148.34	179.28	641.35	0.08	0.67

**State/UT-wise Expenditure for Referral Transport under NHM
from FY 2019-20 to FY 2024-25 (Rs. in Lakhs)**

23	Mizoram	14.91	21.96	11.06	6.61	8.36	126.48
24	Nagaland	65.96	41.65	34.92	104.38	21.87	54.16
25	Orissa	7,407.07	7,264.67	9,369.31	10,291.57	11,531.46	9,331.87
26	Puducherry	32.44	32.77	45.34	48.42	28.01	23.06
27	Punjab	1,307.58	9.41	0.00	0.00	0.00	0.00
28	Rajasthan	2,350.20	7,435.29	7,497.11	13,509.28	18,505.00	23,706.58
29	Sikkim	174.96	117.94	436.16	204.15	168.89	141.19
30	Tamil Nadu	4,632.88	3.82	6,710.98	5,796.09	5,222.92	5,880.00
31	Telangana	758.00	2,889.61	3,945.30	7,297.20	8,105.17	9,967.43
32	Tripura	1.64	895.96	955.14	1,023.80	1,185.97	1,188.16
33	Uttar Pradesh	60,361.31	44,244.73	47,817.75	85,625.43	1,01,245.56	82,533.07
34	Uttarakhand	1,556.11	1,920.73	3,827.29	4,072.35	2,934.11	5,022.42
35	West Bengal	7,838.04	8,828.79	11,992.15	13,794.39	15,507.34	15,293.48
36	Ladakh	0.00	0.00	98.75	217.42	519.37	432.52

Note:

- (1) The above data is as per the available Financial Management Reports submitted by State/UTs and are provisional.
- (2) Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.