

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3384  
TO BE ANSWERED ON 5<sup>TH</sup> AUGUST, 2016**

**PHCs OF HILLY TERRAIN**

**3384. SHRI PREM DAS RAI:**

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

- (a) whether the Government has taken cognizance that Primary Health Centres (PHCs) at hilly terrain are not easily accessible to pregnant women/women in labour;
- (b) if so, the details thereof;
- (c) whether the Government proposes any action to tackle unreported deaths of mothers in transit to the health centres for delivery, if so, the details thereof; and
- (d) the steps taken by the Government to address the above issue and fix accountability of the Accredited Social Health Activists (ASHA) workers?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

(a) & (b): Yes. Under National Health Mission (NHM), to improve access of pregnant women/women in labour to Primary Health Centres (PHCs), Government of India provides relaxed norms for setting up of PHCs and Sub-health Centres (SHCs) in hilly areas. SHCs in hilly areas can be set up under “time to care” norm of half an hour of travel time by walk between the habitation and SHC facility. Besides large number of ambulances and empanelled vehicles (over 22000) that are used to transport pregnant women/women in labour to appropriate health institutions, Doli/Palkis are also being supported under the NHM to carry pregnant women/women in labour in hilly areas to nearest road points, from where they are carried in 102/208 ambulances.

(c): Public Health is a state subject. States/UTs have established a system for Maternal Death Review for notification and review of maternal deaths including deaths of mothers occurring during transit in all States/ UTs. Under this system, the ASHA/AWW/ANM is expected to notify all women deaths (including deaths during transit) in the age group of 15 to 49 years from her area to the Block Medical Officer (BMO) within 24 hours. The local panchayats and other relevant persons/ groups can also inform the Block Medical Officer about women’s deaths in their area. All maternal deaths occurring in the hospital are also reported by the medical officer in-charge. Maternal deaths are then reviewed at both community and facility level by designated medical officers followed by a detailed review at district level by district Maternal Death Review Committee and District Magistrates. States/UTs are regularly advised to ensure that every death including maternal death is reported in village level birth and death register.

(d): Under National Health Mission (NHM), ASHAs are envisaged as honorary volunteers and the role of escorting the pregnant mothers to the health facility for delivery is only a voluntary function for ASHAs. ASHAs across the country have been trained to support families, in advance birth planning and preparedness, so that a smooth and timely process of transporting the pregnant women to appropriate facilities, at the time of start of the labour-pain, can be ensured. They are expected to ‘support universal registration of births and deaths’, for which they are also entitled to a monthly incentive of Rs. 100/-. The objective of Maternal Death Review is to ascertain the cause of maternal deaths to enable Government to take corrective measures in this regard.