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

RAJYA SABHA STARRED QUESTION NO. 20 TO BE ANSWERED ON THE 5TH DECEMBER, 2023

STATUS OF GYNAECOLOGISTS IN PRIMARY HEALTH CENTRES

20 SHRI B. PARTHASARADHI REDDY:

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

(a) whether Government has data on permanent and visiting gynaecologists appointed in each Primary Health Centre (PHC) in the country;

(b) if so, the number of gynaecologists appointed in PHCs, State/UT-wise, if not, the reasons therefor;

(c) whether Government has ensured that women and children across the nation have access to a gynaecologist during puberty and later years; and

(d) if so, the details of the steps taken to provide accessibility to such services, if not, the reasons therefor?

ANSWER THE MINISTER OF HEALTH AND FAMILY WELFARE (DR MANSUKH MANDAVIYA)

(a) to (d) A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA STARRED QUESTION NO. 20 * FOR 5TH DECEMBER, 2023

(a) & (b) Health is a state subject. Under National Health Mission, Ministry of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Government of India (GOI) follows a 3-tier system in public healthcare service delivery namely primary, secondary and tertiary. Primary Health Centres (PHC) provide primary-level healthcare and for any specialized care, patients are referred to secondary and tertiary-level facilities. The posts for Gynaecologists are provided in Community Health Centres (CHC). Further, under National Urban Health Mission, States have engaged part-time/ rotational specialist doctors including Obstetricians and Gynaecologists to provide specialized services periodically at UPHC through OPDs on pre-fixed days or through tele-consultation to strengthen service delivery.

(c) & (d) The key initiatives taken over time for women to address the challenges of access to gynaecologists during puberty and later years are:

Rashtriya Kishor Swasthya Karyakram (RKSK): Under RKSK, total 8,532 Adolescent Friendly Health Clinics (AFHCs) have been established across the country. AFHCs act as the first level of contact of primary health care services with adolescents. Medical Officers, Auxiliary Nurse and Midwives (ANMs) and counselors are trained and placed at the AFHCs to cater to diversified health and counselling need of adolescent girls and boys.

Further, following are the other major initiatives undertaken by the Ministry for women in reproductive age group:

- Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme with the objective of reducing Maternal and Infant Mortality by promoting institutional delivery among pregnant women.
- Janani Shishu Suraksha Karyakram (JSSK) aims to eliminate out-of-pocket expenses for pregnant women and sick infants by entitling them to free delivery, including caesarean section, free transport, diagnostics, medicines, other consumables, diet and blood in public health institutions. During the FY 2022-23, more than 1.85 crore beneficiaries availed the benefits under JSSK.
- Surakshit Matratva Ashwasan (SUMAN) aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths. Till date, 23564 facilities have been notified under SUMAN.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost assured and quality Antenatal Care on the 9th day of every month. Since inception, more than 4.49 crore antenatal check-ups have been conducted and 47.74 lakh high risk pregnancies have been identified under PMSMA across States/ UTs till October 2023.
- Setting up of Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children. Till date, more than 600 MCH wings are operational.
- Capacity building is undertaken of MBBS doctors in Anaesthesia –Life Savings Anaesthesia Skills (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas. About 2,518 doctors have been trained in Emergency Obstetric Care including C-sections and 2,683 doctors in LSAS.