

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

**LOK SABHA
UNSTARRED QUESTION NO.3156
TO BE ANSWERED ON 06TH AUGUST, 2021**

HEALTH SECURITY TO WOMEN

3156. SHRIMATI JYOTSNA CHARANDAS MAHANT:

SHRI M. BADRUDDIN AJMAL:

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

- a) whether the Government provides guarantee of health security/ treatment to women, particularly to the pregnant ones keeping in view of the rise in diseases as well as apprehension of third wave of COVID-19 and if so, the details thereof;
- b) whether any specific Scheme is being implemented to provide adequate health care facilities in health care centres in all the States/UTs for taking care of health/treatment of women;
- c) if so, the details thereof;
- d) whether there is any proposal to set up hospitals exclusively for treatment of women specific diseases across the country and if so, the details thereof, State/UT-wise particularly in Assam; and
- d) the funds allocated for this purpose?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (c): **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)** is a flagship health assurance scheme of the Government of India which aims at providing a health cover of Rs. 5 Lakhs per family per year for secondary and tertiary care hospitalizations for 10.75 Crore beneficiary families identified from SECC 2011 as per select deprivation and occupational criteria in rural and urban areas respectively. The scheme is currently being implemented by 33 State/UTs except West Bengal, Odisha and NCT of Delhi. These State/UTs have further expanded the beneficiary base to nearly 13.44 Crore families.

- Women make up 48.56% of eligible beneficiaries under AB PM-JAY as per SECC 2011 database.
- The health benefits packages under AB PM-JAY covers 1,669 procedures across 26 different specialties. Of these, 5 procedures deal exclusively with high-risk delivery.

For pregnant women specifically, the Janani Shishu Suraksha Karyakaram (JSSK) was launched with the objective to eliminate out of pocket expenses for both pregnant women and sick infants accessing public health institution and entitles them to free delivery, including caesarean section, free transport, diagnostics, medicines, other consumables, diet and blood in public health institutions.

Janani Suraksha Yojana (JSY), a safe motherhood intervention with the objective to reduce maternal and neonatal mortality by promoting institutional delivery among pregnant women especially with weak socio-economic status, i.e. women from SC/ST/BPL households is presently under implementation in all States/UTs with a special focus on Low Performing States and provides Cash incentives for women with the special focus for BPL/SC/ST women for institutional delivery (in government/ private accredited health facilities) and for BPL women who prefer for home delivery.

Other major initiatives supported under NHM are implementation of Free Drugs and Free Diagnostics Service Initiatives, PM National Dialysis Programme and implementation of National Quality Assurance Framework in all public health facilities including in rural areas. Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

As part of Ayushman Bharat, more than 77000 Health and Wellness Centres (AB-HWCs) are operational across the country for provision of Comprehensive Primary Health Care (CPHC) that includes preventive healthcare and health promotion at the community level including screening of women for common non-communicable diseases.

Furthermore, States/UTs are being provided required technical and financial assistance for strengthening of their healthcare system including management of the COVID-19 public health challenge from time to time.

Further, to ensure that essential health services including treatment for non-COVID patients should not suffer, MoHFW has issued following guidelines and advisories for States/UTs:

- i. Guidance note for enabling Delivery of Essential Health Services during the COVID 19 Outbreak on 14th April, 2020.
- ii. Guidance note was issued on 21st May, 2020 for Immunization services.
- iii. Guidance note on Essential Reproductive, Maternal, Newborn, Child. Adolescent Health Plus Nutrition (RMNCAH+N) Services during and post COVID was issued on 27th May, 2020.
- iv. Advisory issued to ensure access to safe delivery and antenatal and postnatal care dated 16th June 2021.
- v. The funds allocated under NHM for various Maternal Health Initiatives for FY 20-21 is Rs 2,233.48 Cr.

- vi. The funds allocated under NHM for RCH Flexipool for FY 20-21 is Rs 6,241.02(RE).

(d) & (e): “Public Health and Hospitals” being a State subject, the primary responsibility of strengthening public healthcare system, including ensuring provision of essential services including for pregnant women during the Pandemic, lies with the respective State Governments. However, the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen the public healthcare system towards the objective of providing accessible, affordable and quality healthcare to all those who access public health facilities.

Under NHM, Mother and Child health (MCH) wings are established in District Hospitals/ District Women's Hospitals/ Sub- District Hospitals/CHC- First Referral Units (FRUs) to overcome the constraints of increasing caseloads and institutional deliveries at these facilities. More than 600 MCH wings have been sanctioned in the country.

NHM support is also provided for provision of a host of free services in public healthcare facilities in rural and backward areas including treatment of women specific diseases.

Support under National Health Mission (NHM) is provided to States/ UTs to supplement the efforts of the State/UT governments, including for setting up of new facilities as per norms and upgradation of existing facilities for bridging the infrastructure gaps, including in rural and backward areas and implementing national programmes to provide quality healthcare in the public healthcare system, based on the requirements posted by them in their Programme Implementation Plans (PIPs) and within their overall resource envelope.