

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

**LOK SABHA
STARRED QUESTION NO.331
TO BE ANSWERED ON THE 25TH MARCH, 2022**

GENDER DISPARITY IN HEALTHCARE SERVICES

***331. SHRIMATI SARMISTHA SETHI:**

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

- (a) whether the Government is aware of the gender disparity in access to healthcare services in the country;
- (b) if so, the details thereof;
- (c) the necessary steps taken/proposed to be taken by the Government to improve access to quality and affordable healthcare services to women in the country; and
- (d) if so, the details thereof?

**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 LOK SABHA
STARRED QUESTION NO. 331* FOR 25TH MARCH, 2022**

(a) to (d) : “Public Health and Hospitals” is a State subject, hence, the primary responsibility of providing healthcare services to the people of the country, including women, lies with the State Governments. However, Ministry of Health and Family Welfare, Government of India, provides technical and financial support to the States/UTs to strengthen the public healthcare facilities. Support is provided to States/UTs under the National Health Mission (NHM) for universal access to equitable, affordable & quality health care services to all citizens of the country including women based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) and within their overall resource envelope. Under NHM, States are supported for several interventions towards strengthening the primary healthcare services in the country. Under NHM, several steps have been taken for making treatment affordable to the people of the country, including women, and reducing the out-of-pocket expenses which are given at **Annexure**. Among them, some initiatives taken for making treatment affordable to the women of the country are as under:-

- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** States/ UTs are supported to ensure quality antenatal care to pregnant women in the country on the 9th of every month.
- **Surakshit Matritva Aashwasan (SUMAN):** States/ UTs are supported to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every women and new-born visiting the public health facility in order to all preventable maternal and new-born deaths and morbidities and provide a positive birthing experience.
- **Janani Suraksha Yojana (JSY):** promotes institutional delivery among pregnant women especially with weak socio-economic status i.e women from Scheduled Castes, Scheduled Tribes and BPL households.
- Further, initiatives such as **Mission Parivar Vikas, Adolescent Friendly Health Clinics (AFHCs), Weekly Iron Folic Acid Supplementation (WIFS), Menstrual Hygiene Scheme, Facility Based Newborn Care (FBNC), Home Based Newborn Care Programme, Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS), Home Based Care for Young Child (HBYC), Rashtriya Bal Swasthya Karyakram (RBSK), Early Childhood Development (ECD), Comprehensive Abortion Care(CAC), Anemia Mukh Bharat (AMB) strategy, Nutrition Rehabilitation Centre(NRC) program** are supported to increase access to quality healthcare services. Support is also provided to strengthen **Universal Immunization programme** and introduction of new vaccines etc.

Several steps taken for making treatment affordable to the people of the county, including women, and reducing the out-of-pocket expenses

- **Ayushman Bharat – Health & Wellness Centres (AB-HWCs):** 1,50,000 Sub- Health Centres (SHCs), Primary Health Centres (PHCs) and Urban Primary Health Centres (UPHCs) are being transformed into Ayushman Bharat- Health and Wellness Centres (AB-HWCs) to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which are universal. Another essential component of AB-HWCs is the roll out of tele-consultation services through ‘eSanjeevani’.
- **National Free Drugs Initiative:** provides essential drugs based on the level of public health facilities free of cost to all who access these facilities. States are assisted to set up robust IT backed procurement, quality assurance, warehouses, and supply chain systems that are benchmarked for key management processes with the best practices in this field.
- **Free Diagnostics Initiative (FDI):** provides support to States/UTs to provide a set of essential diagnostics at various levels of care, free of cost (14 tests at Sub Centre/ Health and Wellness Centre level, 63 tests at PHC/ PHC-HWC level, 97 tests at CHC level, 111 tests at SDH level and 134 tests at DH level).
- **National Ambulance Services (NAS):** supports emergency medical services in States/UTs through a functional National Ambulance Service (NAS) network linked with a centralised toll-free number 108/102.
- **National Mobile Medical Units (NMMU):** facilitates access to public health care at the doorstep particularly to people living in remote, difficult, under-served and unreached areas to provide primary care services.
- **Pradhan Mantri Surakshit Matruva Abhiyan (PMSMA):** States/ UTs are supported to ensure quality antenatal care to pregnant women in the country on the 9th of every month.

- **Surakshit Matritva Aashwasan (SUMAN):** States/ UTs are supported to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every women and new-born visiting the public health facility in order to all preventable maternal and new-born deaths and morbidities and provide a positive birthing experience.
- **Janani Suraksha Yojana (JSY):** promotes institutional delivery among pregnant women especially with weak socio-economic status i.e women from Scheduled Castes, Scheduled Tribes and BPL households.

The other important health programmes/schemes with the focus to strengthen the health care systems to improve access are:

- **Ayushman Bharat - PradhanMantri Jan ArogyaYojana(AB-PMJAY)** which provides health coverage up to Rs. 5.00 lakh per family per year to around identified 10.74 crore poor and vulnerable families identified based on Socio Economic Caste Census (SECC) data.
- **Fifteen Finance Commission:** Health sector grants through local government has recommended grants aggregating to Rs. 70,051 Crores over the period of five years (2021-2026) through local government to strengthen the healthcare system in states.
- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** with an outlay of Rs. 64,180 Crores aims to fill critical gaps in public health infrastructure. It is a Centrally Sponsored Scheme with some Central Sector components. The Centrally Sponsored Scheme (CSS) Components includes support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for 3382 BPHUs, Integrated District Public Health Laboratories and Critical Care Hospital Blocks.
- A Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals**', under the Ministry has approved establishment of 157 new medical colleges in three phases. Out of these, 70 medical colleges have become functional till date. This Scheme aims to increase the availability of health professionals, reduce disparities in the existing geographical distribution of medical colleges in the country, promote affordable medical education in the country and improve tertiary care in the Government sector which will benefit all citizens of the country, including women.

- **"Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)"** under the Ministry aims to correct regional imbalances in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in the country benefitting all citizens of the country including women. PMSSY, a Central Sector Scheme, has two components – (i) setting up of AIIMS-like institutions; and (ii) up-gradation of existing State Government Medical College/Institutions. As on date, establishment of 22 AIIMS and 75 upgradation projects of GMCs/Institutes have been sanctioned under PMSSY.