

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

**RAJYA SABHA
STARRED QUESTION NO.183
TO BE ANSWERED ON 18/03/2025**

JANANI SHISHU SURAKSHA KARYAKRAM

***183 SHRI SAKET GOKHALE :**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the total limit per beneficiary allowed on nutrition expenses under the Janani Shishu Suraksha Karyakram (JSSK);
- (b) whether beneficiaries under the JSSK need to bear out-of-pocket expenses on diagnostics, caesarean deliveries and ambulance services; and
- (c) if so, the steps taken by Government to reduce these expenses ?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF
HEALTH AND FAMILY WELFARE
(SHRIMATI ANUPRIYA PATEL)**

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

**STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA STARRED
QUESTION NO. 183 FOR 18.03.2025**

(a) to (c): Under Janani Shishu Suraksha Karyakram (JSSK), pregnant Women (PW) are entitled to free diet (three days for normal delivery and seven days for caesarean section) during their stay in public healthcare institutions.

Under JSSK, the Scheme entitles all pregnant women to absolutely free and no-expense delivery, including caesarean section. This also encompasses the provision of free transportation and diagnostic services.

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
स्वास्थ्य और परिवार कल्याण विभाग

राज्य सभा
तारांकित प्रश्न संख्या 183*
दिनांक 18 मार्च, 2025 को पूछे जाने वाले प्रश्न का उत्तर

जननी शिशु सुरक्षा कार्यक्रम

183* श्री साकेत गोखले:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

- (क) जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके) के तहत पोषण व्यय की प्रति लाभार्थी कुल सीमा कितनी है;
(ख) क्या जेएसएसके के तहत लाभार्थियों को नैदानिकी, शल्य-प्रसव और रोगी-वाहन सेवाओं पर हुए व्यय को स्वयं वहन करना पड़ता है; और
(ग) यदि हां, तो सरकार द्वारा इस व्यय को कम करने के लिए क्या दकम उठाए गए हैं?

उत्तर

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री
(श्रीमती अनुप्रिया पटेल)

(क) से (ग): विवरण सभा पटल पर रख दिया गया है।

दिनांक 18.03.2025 के लिए राज्य सभा तारांकित प्रश्न संख्या 183 के उत्तर में संदर्भित विवरण:

(क) से (ग): जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके) के तहत, गर्भवती महिलाओं (पीडब्ल्यू) सार्वजनिक स्वास्थ्य सेवा संस्थानों में रहने के दौरान निःशुल्क भोजन (सामान्य प्रसव के लिए तीन दिन और सिजेरियन सेक्शन के लिए सात दिन) की हकदार है।

जेएसएसके के तहत, इस योजना में सभी गर्भवती महिलाएं सिजेरियन सेक्शन सहित बिल्कुल निःशुल्क और बिना खर्च के प्रसव की हकदार हैं। इसमें निःशुल्क परिवहन और नैदानिक सेवाओं का प्रावधान भी शामिल है।

SHRI SAKET GOKHALE: Sir, firstly, I would like to commend the hon. Minister for greatly reducing our maternal and infant mortality rates. I would, definitely, like to congratulate the Ministry for that. Sir, in the answer that is given, it is true that the Government does provide hot meals under the Janani Shishu Suraksha Karyakram. The thing is that these are provided in the main, general health centers and the ones which are accessible. But the problem is in the peripheral health centers. In a number of States, allowance is given for, maybe, milk and biscuits, and that has been the tradition. But it is not possible to provide them the hot meals. So, in that particular area, I want to ask the hon. Minister whether there is any plan by the Ministry to provide allowance or maybe extend it in places where hot meals cannot be provided to women.

SHRIMATI ANUPRIYA PATEL: Sir, Janani Shishu Suraksha Karyakram was introduced in the year 2011, primarily to bring down the out of pocket expenses for the women and children who are seeking health treatment services at the public health facilities. This is a scheme under which we do not provide any financial incentive. We provide in kind services to the pregnant women, whether it is free diet, drugs, diagnostics, consumables, transport or free blood transfusion services. So, these are the facilities which are being provided all over the country to different States and the out of pocket expenses have come down because of many schemes but primarily because of this scheme.

MR. CHAIRMAN: Second supplementary, Shri Saket Gokhale.

SHRI SAKET GOKHALE: Sir, unfortunately, my question was not answered because I said there are peripheral health centers where it is not possible for the Government to provide hot meals. What do we do in areas like those? But, nevertheless, the other issue that people are facing is again in peripheral areas. A lot of times, there is a shortage of ambulances and they cannot reach. So, they have to take referral transport. Or, in a lot of peripheral health areas, advanced ultrasound facilities are not available. So, these are the areas where out of pocket expenses do happen. I mean, the Government does not reimburse, but women do end up paying from their pockets. So, I am talking specifically about these remote areas, be it in terms of diet or be it terms of ultrasound. Is the Government considering providing reimbursement in areas where the Government is not able to, for logistical reasons, provide those services? Thank you.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Sir, there is a provision under the National Health Mission which we call as PIP, Program Implementation Plan. So, how do we unfold the program has to be decided at the grass-root level. The suggestions which you have given, if it comes under the Programme Implementation Plan, we can think about it because they sit, they will have discussion, the meeting takes place and we discuss the nitty-gritties of it. So, the suggestion is good. But I would advise the hon. Member that the Chief Medical Officer and the Block Medical Officer should come up with some plan as to what they need and at which place. And, the National Health Mission, the Standing Committee, the Steering Group, is always very conscious about all these things and the annual meeting takes place and we also monitor it. So, we will see accordingly.

MR. CHAIRMAN: Third supplementary, Ms. Dola Sen.

MS. DOLA SEN: Sir, you are most welcome back. Hope you are in good health and spirit! Somehow, nowadays, the price of the general medicines needed for the pregnant women, general medicines needed for the newborn children, which is very much related for Janani Shishu Suraksha, the life saving drugs for the mother and child, for the cancer patients, for the high blood pressure diabetes patients also are increasing day by day. Crores of common, downtrodden people, mothers and children are suffering always for this reason. Through you, Sir, I want to know what measure is being taken by the Union Government to address these people's issues so that the price of medicines may be reduced.

SHRI JAGAT PRAKASH NADDA: Mr. Chairman, Sir, I would like to enlighten the House through the question that the hon. Member has asked. As the hon. Member, Shri Saket Gokhale, also said, the MMR, IMR, and under-five mortality have been declining. The decline has been more than double that of the global decline. This has been possible only because of the interventions we have made. Through you, Sir, I would like to enlighten the House that people should also know that we have a very exhaustive mother and child treatment programme, and reproductive healthcare is also being taken care of. As far as mother and child healthcare is concerned, we should know that from the moment any woman conceives, there are four compulsory antenatal check-ups. Additionally, there are three more check-ups for high-risk patients. We also provide financial support of up to 1,400 rupees in rural areas and 1,000 rupees in urban areas. ASHA workers are also given incentives. Moreover, more than 88.6 per cent of deliveries are institutional, for which no expense is borne

by the patient. The Government takes care of transportation and the delivery, whether normal or caesarean, is free. We provide free diagnosis, free drugs, and everything else is given free. As Shri Saket Gokhale asked, meals are also provided free for three days in case of normal deliveries, and seven days in case of C-section deliveries. I would also like to share that all vaccinations — 12 vaccinations in 27 sessions — are given free to mothers and children until the child turns 18. इस तरह पूरे हेल्थ प्रोग्राम में उनका check up करते हुए, एक healthy born child किस तरीके से grow करता है, तब तक हेल्थ डिपार्टमेंट उसकी चिंता करता है। And, all this has taken care about the health of the India. One thing more, what you are talking about, मैंने आपके previous question के answer में cancer के बारे में कहा था और मैंने फिगर्स भी दिए थे कि कितने करोड़ cervix cancer की, कितने करोड़ oral cancer की और कितने करोड़ breast cancer की screening हो चुकी है तथा कितने thousand suspected cases को हम treat कर रहे हैं। तो हमारा प्रोग्राम बहुत exhaustive है। What I need is your support in ensuring that every Member, from all sides, contacts the Chief Medical Officer and discusses with him the programme and its implementation. इससे हमारा भी भला होगा, पेशेंट्स का भी भला होगा और आपका भी ज्ञानवर्धन होगा कि हेल्थ डिपार्टमेंट किस तरीके से काम कर रहा है।

SHRI G.C. CHANDRASHEKHAR: Sir, is the Ministry aware that cancer among women is increasing every year? According to the Indian Council of Medical Research, breast cancer accounts for around 14.8 per cent and cervical cancer accounts for around 5.4 per cent of cancers in women. What initiatives has the Government taken to enhance early screening and diagnosis of cancer among women, and what specialized oncology facilities are available in district hospitals, particularly in rural areas?

SHRI JAGAT PRAKASH NADDA: Sir, the question relates to maternal health. He is asking about cancer, but I will answer accordingly.

MR. CHAIRMAN: Sometimes you have to overlook certain situations. It is a good question.

SHRI JAGAT PRAKASH NADDA: Yes, Sir, I understand. We have the National Cancer Institute in Jhajjar, which has come up very well. With over 1,400 beds dedicated to cancer prevention, care, and research, it offers world-class facilities. Similarly, the Chittaranjan National Cancer Institute in Kolkata is also providing excellent care. Then, the Homi Bhabha Institutes, which are there at two places, and the 22 All India Institute of Medical Sciences have got a full-fledged Oncology Department, which is

being developed. This is how we are going. As you have asked about the rural areas, I have answered in my previous question that 1,75,000 Ayushman Arogya Mandirs are there. There, there is a CHO, the Community Health Officer. They do the screening work and they are also connected to the hub-and-spoke model for telemedicine. They advise accordingly, which patient has to go where. But, I repeat again, that up to 16th March, 2025, 29.32 crore oral cancer patients have been screened and 1,63,000 diagnosed. In the same way, for breast cancer, 15,60,00,00 have been screened and 57,000 diagnosed as patients of breast cancer. And, 9,48,000,00 patients have been screened for cervix cancer and 97,000 diagnosed. So, you can understand the volume and you can understand the level at which we are screening, diagnosing and treating them.

MR. CHAIRMAN: It was a supplementary to Question No. 181, as a matter of fact. Now, supplementary five, Shri A. A. Rahim.

SHRI A.A. RAHIM: Sir, I thank you for having given me this opportunity. My question is regarding JSSK. I want to know, particularly, regarding the non-adult mothers in tribal areas. Sir, I have a bitter experience in this august House. When I had asked the Ministry of Tribal Affairs, on March 12, about the number of non-adult mothers, the hon. Minister gave an evasive answer. That is why, I am asking again on the floor. I now ask the Minister directly: How many non-adult mothers are there in tribal areas? How many of them have received the benefit under the JSSK? What is the Infant Mortality Rate, particularly, in tribal areas?

SHRI JAGAT PRAKASH NADDA: Sir, the question is regarding teenage pregnancy. At this point of time, I do not have the exact figures about it. If he can ask separately, we will, certainly, answer this question. We keep the register accordingly. The ASHA workers note down the age. So, we will come out if a separate question is asked.

MR. CHAIRMAN: Q, No. 184.