

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

**RAJYA SABHA
UNSTARRED QUESTION No. 899
TO BE ANSWERED ON 03/12/2024**

IMPROVING MATERNAL AND CHILD HEALTH IN KONKAN

899. SHRI DHAIRYASHIL MOHAN PATIL:

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

- (a) the current status of maternal and child health indicators in the Konkan region, including data on neonatal mortality, anaemia, and low birth weight;
- (b) the specific initiatives undertaken by the Central Government to improve maternal and child health in Konkan, particularly in rural areas; and
- (c) the impact of Central Government programs such as the Janani Suraksha Yojana (JSY) and the Pradhan Mantri Matru Vandana Yojana (PMMVY) in addressing maternal and child health issues in Konkan?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

- (a) The current status of maternal and child health indicators in the Konkan region, including data on neonatal mortality, anaemia, and low birth weight is at Annexure - I.
- (b) The specific initiatives undertaken by Central Government to improve maternal and child health across all States / Union Territories (UTs) including Konkan region and rural areas, are as follows:
 - **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
 - **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during

stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.

- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

- **LaQshya** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities to end all preventable maternal and newborn deaths.

- **Optimizing Postnatal Care** aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.

- **Facility Based New-born Care:** Neonatal Intensive Care Units (NICUs)/Special New-born Care Units (SNCUs) are established at Medical College and District Hospital, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.

- **Mother Newborn Care Units (MNCUs)** are established with the aim of 'zero separation' of mother and baby including small and sick babies who require newborn care.

- **Kangaroo Mother Care (KMC)** is implemented at facility and community level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.

- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community for referral to health facility.

- **Universal Immunization Programme (UIP)** is implemented to provide 11 vaccines to protect children against 12 preventable diseases.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative has been implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.
- **Nutrition Rehabilitation Centres (NRCs)** are established at public health facilities where children with Severe Acute Malnutrition (SAM) and medical complications are admitted for treatment.
- **Anemia Mukh Bharat (AMB)** strategy is implemented to reduce prevalence of anemia among children and women including pregnant women and lactating mothers in life cycle approach through implementation of following six interventions:
 - (i) Prophylactic Iron and Folic Acid supplementation (IFA Syrup is provided biweekly to Children 6-59 months, IFA Red is provided weekly to Women of Reproductive age group, and daily for 180 days to pregnant women and lactating mothers),
 - (ii) Deworming (Pregnant women are provided albendazole tablet in second trimester and all children are provided albendazole tablets during National Deworming Day),
 - (iii) Intensified Behavioral Change Communication campaign,
 - (iv) Testing for anemia and treatment as per management protocols,
 - (v) Mandatory provision of IFA fortified food in public health programs and
 - (vi) Addressing non nutritional causes of anemia (especially malaria, fluorosis and hemoglobinopathies) via robust institutional mechanism.

- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child-care including nutrition in convergence with Ministry of Women and Child Development.

(c) The achievements of Central Government programs such as the Janani Suraksha Yojana (JSY) and the Pradhan Mantri Matru Vandana Yojana (PMMVY) are as follows:

- (i) **Janani Suraksha Yojana (JSY):** The number of JSY beneficiaries in the Konkan region (States of Maharashtra, Goa and Karnataka) for FY 2023-24 is given below:

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State	FY 2023-24
Maharashtra	3,70,408
Goa	372
Karnataka	4,02,122
Source: As per state report	

- (ii) **Pradhan Mantri Matru Vandana Yojana (PMMVY):**

- As per inputs received from Ministry of Women and Child Development (MoWCD), 83% of the states have experienced increase in birth registration from NFHS-4 (2015-16) to NFHS-5 (2019-21) (in those States where the coverage of the scheme is less than equal to 95% of the indicative targets). The States where the coverage of the scheme is more than 95% of the indicative targets, birth registration has also increased from NFHS-4 (2015-16) to NFHS-5 (2019-21).
- Similarly, 75% of the States have experienced increase in immunization from NFHS-4 (2015-16) to NFHS-5 (2019-21) (in those States where the coverage of the scheme is less than equal to 95% of the indicative targets). The States where the coverage of the scheme is more than 95% of the indicative targets, 88% of such States have increase in Immunization from NFHS-4 (2015-16) to NFHS-5 (2019-21).

Annexure referred in reply to part (a) of Rajya Sabha Unstarred Q.No. 899 to be answered on 03.12.2024

Annexure - I

Sl. No.	Mortality indicators Sample Registration System (SRS)	Goa	Karnataka	Maharashtra
1	Maternal Mortality Ratio (MMR) (SRS 2018-20)	NA	69	33
2	Neonatal Mortality Rate (NMR) (SRS 2020)	NA	14	11
3	Infant Mortality Rate (IMR) (SRS 2020)	5	19	16
4	Under Five Mortality Rate (U5MR) (SRS 2020)	NA	21	18
Sl. No.	Program indicators National Family Health Survey (NFHS, 2019 –21)	Goa	Karnataka	Maharashtra
1	Mothers who had an antenatal check-up in the first trimester (%)	70.3	71	70.9
2	Institutional birth (%)	99.7	97	94.7
3	Births assisted by doctor / nurse / LHV / ANM / other health personnel (Skilled Birth Attendant) (%)	99.1	93.8	93.8
4	Mothers who received postnatal care from doctor / nurse / LHV / ANM / midwife / other health personnel within 2 days of delivery (%)	95.4	88.5	86.3
Sl. No	Child Health Program indicators (NFHS 2019 – 21)	Goa	Karnataka	Maharashtra
1	Low Birth Weight (% Birth weight <2.5 kg)	14	15.9	20
Sl. No	Nutrition Program indicators (NFHS 2019 – 21)	Goa	Karnataka	Maharashtra
1	Anaemia in children aged 6-59 months (%)	53.2	65.5	68.9
2	Anaemia in women aged 15-49 years (%)	38.9	47.8	54.2
3	Anaemia in pregnant women aged 15-49 years (%)	41	45.7	45.7