

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2034
TO BE ANSWERED ON 18/03/2025**

CHILD AND MATERNAL HEALTH

2034 SHRI HARBHAJAN SINGH:

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

- (a) the steps Government is taking to improve access to quality maternal healthcare services, particularly in rural and remote areas, to reduce maternal mortality rates;
- (b) the initiatives being implemented to combat child malnutrition and ensure adequate nutrition for children, especially in low-income families, to improve overall child health outcomes; and
- (c) the manner in which Government is working to increase health awareness among pregnant women and new mothers, especially in rural areas, regarding prenatal and postnatal care, breastfeeding, and child health practices?

ANSWER

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

(a) to (c) Under National Health Mission (NHM), the Government of India has undertaken the following steps to improve healthy outcome for mother and child.

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables and diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal checkup by an obstetrician/Specialist/Medical Officer on the 9th day of every month. **Extended PMSMA** strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women, and individual HRP tracking until a safe delivery is achieved through financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra three 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 woman and newborn 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 ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for the Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
- **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.
- **The Mother Absolute Affection (MAA)** Program promotes breastfeeding practices, emphasizing the importance of early initiation and exclusive breastfeeding in young children.
- **Lactation Management Centers (LMC)** Comprehensive Lactation Management Centers (CLMC) are facilities established to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.
- **Diarrhoea Campaign (Intensified Diarrhoea Fortnight/ STOP Diarrhoea Campaign)** promotes the use of Oral Rehydration Solution (ORS) and Zinc to reduce diarrhoea-related morbidity and mortality among under 5 children.
- **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 Mukht Bharat (AMB) strategy** is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
- **National Deworming Day (NDD)** Albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
- **Community Based care of Newborn and Young Children** Under Home Based Newborn 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 newborn and young children in the community for referral to health facility.
- **IEC/BCC campaigns** One of the key focus areas of Maternal Health is to generate demand through Information Education and Communication (IEC), Inter-personal Communication (IPC) and Behavior Change Communication (BCC) activities.
