

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1067
TO BE ANSWERED ON 29TH JULY, 2025**

PROGRESS IN MATERNAL & CHILD HEALTH AND DISEASE ELIMINATION

1067 DR. BHAGWAT KARAD:

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

- (a) the initiatives and strategies adopted by Government to enhance maternal and newborn health outcomes under the National Health Mission (NHM), particularly in rural and backward areas;
- (b) the achievements of the country in controlling and eliminating major infectious diseases such as tuberculosis, malaria, and leprosy;
- (c) the current status and impact of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in expanding health coverage and reducing the financial burden of healthcare on citizens; and
- (d) the manner in which Government is promoting community participation and awareness to improve maternal, child, and overall public health outcomes?

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

(a): The Government of India has undertaken various initiatives and strategies under the National Health Mission (NHM) to improve maternal and newborn health outcomes across the country, including in rural and backward areas, key amongst which 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 women delivering in public health institutions to have free and no-expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during the stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal checkup by a Specialist/Medical Officer on the 9th day of every month.
Extended PMSMA strategy focuses on quality antenatal care (ANC) for pregnant women, especially high-risk pregnant (HRP) women and individual HRP tracking

with financial incentivization for the identified high-risk pregnant women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.

- **Surakshit Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting a public health facility, 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.
- **Monthly Village Health, Sanitation and Nutrition Day** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the Integrated Child Development Scheme (ICDS).
- **Birth Waiting Homes (BWH)** established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **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 Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
- The establishment of Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) under **Facility Based Newborn Care (FBNC)** program to provide specialized care to sick and small newborns at district and sub-district levels, addressing neonatal health complications.
- The **Mothers' Absolute Affection (MAA)** Program is implemented to promote breastfeeding practices, emphasizing the importance of early initiation of breastfeeding and exclusive breastfeeding for first six months.
- ASHAs conduct scheduled home visits under **Home-Based Newborn Care (HBNC)** and **Home-Based Care of Young Children (HBYC)**, improving child-rearing practices and identifying sick newborns and young children for timely referral and care.
- The **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative targets pneumonia-related childhood morbidity and mortality through enhanced awareness and early intervention.
- **STOP Diarrhoea** campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiary age groups - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanisms.
- **Nutrition Rehabilitation centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications.
- 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.

(b): The Government of India has attained considerable achievements in controlling and eliminating major infectious diseases, such as tuberculosis, malaria, and leprosy, key amongst which are as follows:

- India has made significant strides in Tuberculosis (TB) elimination efforts over the years. The incidence rate of TB in India has shown an 18% decline from 237 cases per lakh population in 2015 to 195 cases per lakh population in 2023, which is more than double the global reduction. The mortality rate of TB has declined by 21% from 28 deaths per lakh population in 2015 to 22 deaths per lakh population in 2023 as per the World Health Organization's Global TB Report, 2024. The country has achieved a 32% increase in TB treatment coverage from 53% in 2015 to 85% in 2023, thereby reducing the missing cases.
- The country has achieved a reduction of 78.1% in malaria morbidity and 77.6% in malaria mortality between 2015 and 2024 with Annual Parasite Incidence (API) reduced to 0.18 in 2024 compared to 0.92 in 2015. The malaria cases and deaths in the country have reduced by 69% and 68% respectively in 2023 in comparison to 2017 and India is no longer a High Burden to High Impact (HBHI) country as per World Malaria Report 2024.
- The country has achieved Elimination status for leprosy at National level (i.e. prevalence rate less than 1 per 10,000 population) in 2005. The number of districts which have achieved the leprosy elimination increased from 542 in 2014-15 to 638 in 2024-25. The other major achievements in controlling and eliminating leprosy in the country are as under:
 - The national prevalence rate has decreased from 0.69 per 10,000 population in 2014-15 to 0.57 per 10,000 population in 2024-25, reflecting enhanced early detection and effective treatment coverage.
 - Grade 2 Disability (G2D) among new cases, a key indicator of delayed diagnosis, has significantly dropped from 4.48 per million population in 2014-15 to 1.31 per million in 2024-25, highlighting improved case finding and early intervention.
 - The percentage of children among newly detected cases has declined from 9.04% in 2014-15 to 4.68% in 2024-25, indicating reduced community transmission and timely identification.
 - The Annual New Case Detection Rate (ANCDR) of leprosy has reduced from 9.73 per 100,000 population in 2014-15 to 7.00 per 100,000 population in 2024-25.
- Under the Integrated Disease Surveillance Programme (IDSP), the surveillance of 50 plus epidemic prone diseases is carried out by paperless, case based reporting through Integrated Health Information Platform (IHIP). IHIP provides Geotagging of the individual cases reported in outbreaks for visual geospatial analysis, along with heat

map. This helps in health preparedness of the States for early detection and quick response.

- The number of vertical (mother-to-child) transmission of HIV have declined by around 84% while vertical transmission rate has declined by around 74.5% between 2010 and 2024 compared to around 56.5% globally in the same reference period.

(c): Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is currently operational in 35 States and Union Territories. The scheme encompasses 27 medical specialties and includes 1,961 treatment procedures. Under the Health Benefit Package 2022 (HBP 2022) of AB-PMJAY, 28 packages related to maternal and 13 packages related to child health are available. Till June 2025, 72.13 lakh hospital admissions have been availed under these packages, amounting to ₹7704.37 crores.

The Economic Survey 2024-25 highlights AB-PMJAY's impact in reducing the Out-of-Pocket Expenditure (OOPE) through increased social security and primary health spending, with recorded savings over Rs. 1.25 lakh crore. The Government Health Expenditure (GHE) has increased from 29% in 2015 to 48% in 2022, while Out-of-Pocket Expenditure (OOPE) has declined from 62.6% to 39.4% during the same period.

(d): Under NHM, community-based platforms such as Village Health Sanitation and Nutrition Committee (VHSNC), Jan Arogya Samiti (JAS), and MAS (Mahila Arogya Samiti) are utilized to facilitate and improve community participation and awareness to improve maternal, child, and overall public health outcomes. The Village Health Sanitation and Nutrition Days (VHSND) platform is also utilized to deliver maternal and child healthcare services at the community level thereby increasing community participation and awareness of various schemes and initiatives related to maternal and child health.

At the community level, ASHAs serve as critical links between communities and the public health system by ensuring increased access to maternal and child healthcare services by mobilizing women for antenatal check-ups, institutional deliveries, and postnatal care, contributing to the improved maternal and child health and overall public health outcomes. ASHAs also conduct home visits for identification of danger signs, counsel mothers on optimal feeding practices etc. under Home-Based Newborn Care (HBNC) and Home-Based Care for Young Children (HBYC) programmes.

The primary healthcare teams at Ayushman Arogya Mandir (AAM), including frontline workers, deliver comprehensive primary healthcare through 12 packages of services. These services include care in pregnancy and childbirth, neonatal and infant health care services, and childhood and adolescent health care services at the community level. AAM also delivers expanded range of services that go beyond maternal and child health to include care of non-communicable diseases, palliative and rehabilitative care, Oral, Eye and Ear Nose Throat (ENT) care, mental health and first level for emergencies and trauma, including free essential drugs and diagnostic services thereby improving overall public health outcomes.
