

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

**RAJYA SABHA  
UNSTARRED QUESTION NO. 260  
TO BE ANSWERED ON 22<sup>ND</sup> JULY, 2025**

**IMPROVING MATERNAL HEALTH UNDER NHM**

**260 SMT. KIRAN CHOUDHRY:  
SHRI KESRIDEVSINH JHALA:  
SHRI BABUBHAI JESANGBHAI DESAI:  
SHRI MITHLESH KUMAR:  
SHRI BRIJ LAL:  
DR. ANIL SUKHDEORAO BONDE:  
SMT. REKHA SHARMA:  
DR. SUMER SINGH SOLANKI:  
SHRI NARHARI AMIN:  
SHRI LAHAR SINGH SIROYA:  
SHRI BABURAM NISHAD:**

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

- (a) whether Government is working to improve maternal and newborn health outcomes under National Health Mission (NHM);
- (b) the achievements of India in eliminating and controlling major infectious diseases; and
- (c) the progress of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in ensuring health coverage for all citizens, the role of community engagement in improving maternal and child 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/measures under the National Health Mission (NHM) to improve maternal and newborn health outcomes across the country, 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).
- **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.
- **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.

- **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.

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

- The incidence rate of Tuberculosis (TB) in India has shown a 17.7% decline from 237 per lakh population in 2015 to 195 per lakh population in 2023, which is more than double the global reduction, while deaths due to TB have reduced by 21.4% from 28 per lakh population in 2015 to 22 per lakh population in 2023 as per the World Health Organization's Global TB Report, 2024.
- 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 Kala-azar elimination target of less than one case per 10,000 population across 633 blocks in 54 districts of endemic states in 2023 has been achieved, well ahead of the 2030 global Sustainable Development Goal (SDG) target and this status is maintained till date.
- The Case Fatality Rate (CFR) of Japanese Encephalitis has reduced from 17.6% in 2014 to 7.1% in 2024.
- The Case Fatality Rate (death per 100 cases) for Dengue is sustained below 1% since 2008 (0.13% in 2024).
- Out of 348 Lymphatic Filariasis endemic districts, 143 (41%) has stopped Mass Drug Administration (MDA) and cleared Transmission Assessment Survey (TAS1), up from 15% in 2014. Mass Drug Administration (MDA) coverage has improved from 75% in 2014 to 85% in 2025 against total population.
- 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, including the recent on boarding of Odisha and the National Capital Territory of Delhi. 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. As on date, 72.13 lakhs hospital admissions have been availed under these packages, amounting to ₹7704.37 crores.

The primary healthcare teams at Ayushman Arogya Mandir (AAM), including frontline workers (ASHAs and ANMs), 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. 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 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.

In addition, 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 engagement. The Village Health Sanitation and Nutrition Days (VHSND) platform is also utilized to deliver maternal and child healthcare services at the community level.

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