

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 1921
TO BE ANSWERED ON 06.12.2024

MATERNAL AND CHILD HEALTH

1921. SMT. HARSIMRAT KAUR BADAL

Will the Minister of Women and Child Development be pleased to state:

- (a) whether any health initiatives have been taken for improving maternal and child health specifically among women within rural areas like Punjab, if so, the details thereof;
- (b) whether the Government have received any complaints regarding rampant corruption being reported by Anganwadi and health workers in Government schemes;
- (c) if so, the details thereof and the action taken thereon; and
- (d) whether this has affected the health of the child and lactating mothers in Punjab, if so, the details thereof?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SAVITRI THAKUR)

(a) to (d) : Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years in Aspirational Districts and North-East region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) during the period of 15th Finance Commission. Mission Poshan 2.0 seeks to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored Scheme, where the responsibility of implementation lies with the States/UTs.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices.

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women and Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministry of Health and Family Welfare has taken several initiatives to improve child survival in the country including in rural areas. They are given below:

- **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.
- **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.
- **Janani Shishu Suraksha Karyakram (JSSK):** Sick infants up to one year of age are entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.
- **Universal Immunization Programme (UIP)** is implemented to provide 11 vaccines to protect children against 12 preventable diseases.
- **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.

Besides this, the Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address undernutrition all across the country and activities undertaken to address undernutrition as placed below:

- **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.
- **Nutrition Rehabilitation Centers (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.
- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices through ASHA workers during mother's meetings and health care provider at health facilities.
- Under **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).
- **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.

Under National Health Mission (NHM), Government of India has taken various initiatives to improve maternal and child health services across all States and Union Territories including the rural areas in Punjab, 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 and sick infants (up to one year of age) 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.
- **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.
- **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high-risk pregnancies.
- **Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **Regular IEC/BCC** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored Scheme and the implementation of the scheme falls under the ambit of State Government/ UT Administration. The Scheme aims to address the challenge of child malnutrition and maternal under-nutrition through proper nutrition content and its delivery. It further aims to create conditions and a convergent eco-system to develop practices that nurture health, wellness and immunity.

This Ministry continuously monitors the implementation of Mission 2.0 through sustained engagement with the States/UTs through Video Conferences, meetings and through Online Poshan Tracker System.

Since Anganwadi Services is a Centrally Sponsored Scheme and the implementation and monitoring of the Scheme including service-related matters fall under the ambit of concerned States/ UTs, all grievances/complaints are forwarded to the concerned States/UTs for taking necessary action.

Ministry has issued guidelines to all States/UTs on 13.01.2021 to streamline several aspects such as quality assurance, roles and responsibilities of duty holders, procedure for procurement, integrating AYUSH concepts and data management and monitoring through "Poshan Tracker" for transparency, efficiency and accountability in the delivery of Supplementary Nutrition.

Under the guidelines, the District Magistrate (DM) has been designated as the Nodal Point in the district for monitoring nutritional status of beneficiaries and quality standards. A District Nutrition Committee under the chairpersonship of DM/Collector with certified nutrition experts as members has been constituted to review the progress every month.
