

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

**LOK SABHA
UNSTARRED QUESTION NO. 1145
TO BE ANSWERED ON 25TH JULY, 2025**

MATERNAL AND NEWBORN HEALTH COVERAGE UNDER NHM

†1145 SMT. MAHIMA KUMARI MEWAR:

**SHRI CHINTAMANI MAHARAJ:
SHRI YOGENDER CHANDOLIA:
SHRI ARUN GOVIL:
SHRI ALOK SHARMA:
SHRI CHHATRAPAL SINGH GANGWAR:
SHRI MANOJ TIWARI:
SHRI CHAVDA VINOD LAKHAMSHI:
SHRI DILIP SAIKIA:
DR. HEMANG JOSHI:
SHRI PRAVEEN PATEL:
SMT. HIMADRI SINGH:
SHRI BIBHU PRASAD TARAI:
SMT. SANDHYA RAY:
DR. RAJESH MISHRA:
SHRI SHANKAR LALWANI:
SHRI BHOJRAJ NAG:
SHRI P P CHAUDHARY:
SHRI PARBHUBHAI NAGARBHAI VASAVA:
SHRI CAPTAIN BRIJESH CHOWTA:
SHRI BIDYUT BARAN MAHATO:
SHRI JASHUBHAI BHILUBHAI RATHVA:
SHRI DINESHBHAI MAKWANA:
SHRI VIJAY BAGHEL:
SHRI P C MOHAN:
SHRI RAMESH AWASTHI:
SHRI DULU MAHATO:
SHRI LUMBARAM CHOUDHARY:
SMT. SMITA UDAY WAGH:
SMT. APARAJITA SARANGI:
SHRI BHARATSINHJI SHANKARJI DABHI:
SHRI JANARDAN MISHRA:
DR. PRASHANT YADAORAO PADOLE:
SHRI KHAGEN MURMU:
DR. BHOLA SINGH:**

SHRI BHARTRUHARI MAHTAB:
DR. HEMANT VISHNU SAVARA:
SHRI HASMUKHBHAI SOMABHAI PATEL:
SHRI MITESH PATEL BAKABHAI:
SMT. KAMLESH JANGDE:
MS KANGNA RANAUT:
SHRI RAJKUMAR CHAHAR:
SHRI GODAM NAGESH:
DR. SANJAY JAISWAL:
SHRI RODMAL NAGAR:
SMT. SHOBHANABEN MAHENDRASINH BARAIYA:

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

- (a) the key measures/initiatives being taken as well as the manner in which the Government is working to improve the outcomes of maternal and neonatal health under the National Health Mission (NHM) and related schemes in the country, State-wise including Jharkhand, Rajasthan, Maharashtra and Jalgaon district of Maharashtra;
- (b) the details of achievements made by India in the field of elimination and control of major communicable/ infectious diseases, particularly in the State of Jharkhand and Maharashtra including Sirohi district of Rajasthan, tribal dominated area of Palghar district in Maharashtra under the Ayushman Bharat Yojana;
- (c) the details of progress made by Ayushman Bharat Yojana in ensuring health coverage for all citizens across the country, including the State of Chhattisgarh particularly in Sidhi Lok Sabha Constituency in Madhya Pradesh and Jalgaon Lok Sabha Constituency in Maharashtra;
- (d) the details of the role of community participation, ASHA Workers and local health institutions in improving maternal and child health outcomes in the country; and
- (e) whether the Government has taken any special measures to enhance infrastructure, diagnostics and human resources in public health facilities across Maharashtra and whether Jalgaon is included in such development plans, if so, the details thereof?

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

(a): The Government of India has undertaken various measures/initiatives under the National Health Mission (NHM) to improve maternal and neonatal health outcomes across the country, including in the State of Jharkhand, Rajasthan and Maharashtra (including Jalgaon district), 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.
- **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.
- 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 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.

(b): The Government of India has attained considerable achievements in elimination and control of major communicable/infectious diseases, including in the State of Jharkhand and Maharashtra and in Sirohi district of Rajasthan and Palghar district of Maharashtra, key amongst which are as follows:

- The incidence rate of Tuberculosis (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, while deaths due to TB have reduced 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 details of TB cases notified in the country and the State of Jharkhand, Maharashtra, Palghar district of Maharashtra and Sirohi district of Rajasthan is placed in Annexure-I.
- 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.
- Out of 348 Lymphatic Filariasis (LF) endemic districts, 143 (41%) have 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.
 - The State of Maharashtra has reported coverage of 90% against total and 96% against eligible population in the MDA round conducted in 34 blocks of 5 districts in Feb 2025. A total of 18,186 Morbidity Management and Disability Prevention (MMDP) kits were distributed in the State in 2024. The Palghar district of Maharashtra has attained 93% coverage in the MDA round conducted in 4 blocks of the district in Feb. 2025. All 646 lymphoedema cases in Palghar were provided MMDP kits.
 - The State of Jharkhand has reported coverage of 79% against total and 90% against eligible population in the MDA round conducted in 92 blocks of 14

districts in Feb 2025. A total of 44,676 MMDP kits were distributed in the State in 2024.

- The Sirohi district of Rajasthan is a non-endemic area for Lymphatic Filariasis.
- All 33 Kala-azar endemic blocks in 4 tribal dominated districts (Dumka, Godda, Pakur and Sahibganj) of Jharkhand have achieved the kala-azar elimination target i.e. less than one case per 10,000 population at block level during 2023.
- The Case Fatality Rate (CFR) of Japanese Encephalitis has reduced from 17.6% in 2014 to 7.1% in 2024.
- Sentinel Surveillance Hospitals (SSHs) for free diagnosis of Dengue and Chikungunya have increased from 110 in 2007 to 869 in 2025. Apex Referral Laboratories (ARLs) with advanced diagnostic facilities increased from 12 in 2007 to 27 in 2024. Out of these, 51 SSHs and 2 ARLs are in Maharashtra, 63 SSHs and 2 ARLs are in Rajasthan and 16 SSHs and 1 ARL are in Jharkhand.
- 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 vertical transmission rate of HIV has declined by around 74.5% nationally and by around 78% in Jharkhand, 83% in Maharashtra, and 67% in Rajasthan between 2010 and 2024 as per India HIV Estimates 2025. The global rate of vertical transmission decline is around 56.5% in the same reference period.

(c): The details of Ayushman cards created under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the country as on 30th June 2025, State-wise including Chhattisgarh is enclosed in Annexure-II. Under AB-PMJAY, district-wise data is maintained and in district Sidhi 7.52 lakh and in Singrauli 7.61 lakh Ayushman cards were created in Sidhi Lok Sabha Constituency of Madhya Pradesh and in district Jalgaon 11.87 lakh cards were created in Jalgaon Lok Sabha Constituency of Maharashtra as on 30th June 2025.

(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 engagement. The Village Health Sanitation and Nutrition Days (VHSND) platform is also utilized to deliver maternal and child healthcare 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.

The local health institutions have an important role in improving maternal and newborn health outcomes. The local health institutions are the first point of contact for communities, especially in rural areas. 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. The Sub Health Centres (SHC)-AAM, Primary Health Centres (PHC)-AAM and Community health Centres (CHCs) deliver essential maternal and child health services, including antenatal care, safe deliveries, immunization, postnatal care, nutrition and health counselling.

(e): The Government of India through the National Health Mission (NHM) provides support to all States/UTs including Maharashtra to strengthen their healthcare system. The support is based on the State Programme Implementation Plans (SPIPs) submitted by Maharashtra, which would include health priorities of all of its districts, including Jalgaon.

The schemes/initiatives under NHM to strengthen healthcare systems includes upgradation of existing Sub Health Centers (SHCs) and Primary Health Centers (PHCs) to Ayushman Arogya Mandir (AAM) to deliver universal, free comprehensive primary healthcare services, with a focus on wellness and the delivery of an expanded range of services closer to the community. The diagnostic services are being provided free of cost to all beneficiaries availing the services at Public Health Facilities. The state of Maharashtra implements the Free Diagnostics Laboratory Services and Tele-radiology services for x-ray reporting through Public Private Partnership (PPP) mode in all the districts including Jalgaon. The State also implements the Hemodialysis (HD) services under Pradhan Mantri National Dialysis Program (PMNDP) through mix mode (i.e. In-house as well as PPP-mode) in all 36 districts including Jalgaon.

The Government has taken several policy-level measures to address the shortage of healthcare professionals in the country. Medical and Nursing colleges have increased resulting in increase in the availability of Human Resource for Health (HRH) in the rural public health facilities with NHM funding support.

Annexure referred to in reply to part (b) of Lok Sabha Unstarred Q. No. 1145 to be answered on 25.07.2025

Annexure-I

Number of TB cases notified in the country and in the States of Jharkhand, Maharashtra, Palghar district of Maharashtra and Sirohi district of Rajasthan in 2024 and 2025 (till June 2025).

State/ District	Number of TB Cases notified	
	January to December 2024	January to June 2025
India	26,17,923	13,95,911
Jharkhand	63,670	34,982
Maharashtra	2,30,163	1,14,300
District Palghar, Maharashtra	2,882	1,267
District Sirohi, Rajasthan	2,481	1,389

Annexure referred to in reply to part (c) of Lok Sabha Unstarred Q. No. 1145 to be answered on 25.07.2025

Annexure-II

State/UT-wise number of Ayushman cards created under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) as on 30th June, 2025

S. No.	States/UTs	Ayushman cards created
1	Andaman and Nicobar Islands	80,093
2	Andhra Pradesh	1,61,70,534
3	Arunachal Pradesh	1,61,828
4	Assam	1,74,49,682
5	Bihar	3,91,99,682
6	Chandigarh	2,82,361
7	Chhattisgarh	2,37,31,624
8	Delhi	3,88,412
9	Dadra and Nagar Haveli and Daman and Diu	4,45,800
10	Goa	94,511
11	Gujarat	2,82,88,362
12	Haryana	1,35,29,909
13	Himachal Pradesh	14,10,402
14	Jammu and Kashmir	87,09,601
15	Jharkhand	1,26,65,623
16	Karnataka	1,85,81,649
17	Kerala	83,75,566
18	Ladakh	1,96,591
19	Lakshadweep	36,563
20	Madhya Pradesh	4,35,66,400
21	Maharashtra	3,17,60,601
22	Manipur	6,82,035
23	Meghalaya	20,81,597
24	Mizoram	5,83,088
25	Nagaland	7,48,095
26	Odisha	3,46,19,714
27	Puducherry	5,37,951
28	Punjab	90,85,672
29	Rajasthan	2,25,93,582
30	Sikkim	90,403
31	Tamil Nadu	81,69,255
32	Telangana	83,26,118
33	Tripura	21,32,382
34	Uttar Pradesh	5,33,20,357
35	Uttarakhand	60,39,029