

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

**LOK SABHA
UNSTARRED QUESTION NO. 2133
TO BE ANSWERED ON 1ST AUGUST, 2025**

MATERNAL AND CHILD HEALTH INDICATORS IN TAMIL NADU

2133 SHRI MANI A:

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

- (a) the steps taken under National Health Mission (NHM) to improve maternal and child health indicators in Tamil Nadu, including institutional deliveries, immunization coverage and nutrition related interventions;
- (b) whether any specific interventions have been taken under NHM in tribal or backward districts like Dharmapuri of Tamil Nadu and if so, the details thereof; and
- (c) the initiatives undertaken under NHM to strengthen Non-communicable disease (NCD) screening and mental health services in Tamil Nadu?

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

(a): The Government of India under National Health Mission (NHM) has taken various steps to improve maternal and child health indicators including institutional deliveries, immunization coverage and nutrition related interventions across the country including Tamil Nadu, 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.

- **LaQshya – Quality Improvement Initiative** 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)** 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)** are 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.
- Under **Facility Based Newborn Care**, Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, Newborn Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- Under **Community Based care of Newborn and Young Children**, Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programs are in place under which, home visits are performed by ASHAs to improve child-rearing practices and to identify sick newborn and young children in the community.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative is implemented since 2019 for the reduction of childhood morbidity and mortality due to Pneumonia.
- **STOP Diarrhoea** campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **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.
- **Anemia Mukh 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.
- **Comprehensive Lactation Management Centres (CLMC)** are 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.
- **UWIN**, the digital platform for name-based digital recording, tracking and monitoring of all the eligible beneficiaries across the country, has been rolled out across the country.
- **Mission Indradhanush** is special catch-up vaccination campaign under the Universal Immunization Programme conducted in areas of low immunization coverage to vaccinate left out and dropped out children and pregnant women including remote and underserved areas.
- **Special vaccination campaigns** such as National Immunization Days (NIDs), as part of the Pulse Polio programme are carried out every year.
- Strategic interventions like advocacy, social mobilization, community engagement, interpersonal communication at family level and media engagement are undertaken to improve immunization coverage.
- The State Task Force on Immunization (STFI) and the District Task Force on Immunization (DTFI) enable effective implementation of the program.

(b): Under National Health Mission (NHM) support is provided for healthcare interventions to the States/UTs including Tamil Nadu. The following strategies are in place:

- Relaxed population norms for setting up public health facility in tribal and hilly areas.
- Flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in tribal/ hilly and difficult areas for the State/UT.
- Provision of 2 MMUs per district in plain areas is relaxed to 4 MMUs per district in tribal/ hilly/inaccessible/ remote and hard to reach areas. There is further relaxation of up to 10 MMUs per district in Particularly Vulnerable Tribal Groups (PVTGs) area under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN).
- Additional ANM in Multi-Purpose Centre (MPC) with basic drugs and diagnostics facilities under PM JANMAN.
- Under PM JANMAN, total 105 MMUs are operational in PVTG areas of Tamil Nadu.

The specific interventions undertaken under NHM in Dharmapuri district of Tamil Nadu are as under:

- One Neonatal Intensive Care Unit (NICU), 1 Special Newborn Care Unit (SNCU), 3 Newborn Stabilization Unit (NBSU) and 1 Paediatric Resuscitation & Emergency Medicine (PREM) unit functional, to provide care to sick and critically ill children in the district.
- Nine MMUs are deployed in for providing basic healthcare services to PVTG areas.
- Tribal Birth Waiting Rooms are established at Theerthamalai, where pregnant mother can stay with one attender from one week prior to expected date of delivery and get institutional care.
- Screening for Hemoglobinopathies of pregnant mothers and School children in Harur and Papireddipatti blocks of the district.
- The National Mission to Eliminate Sick Cell Anaemia by 2047 is operational in the select districts of Tamil Nadu including Dharmapuri under Ministry of Tribal Affairs (MoTA). The awareness regarding the Sick Cell Disease (SCD) is done along with the honorarium to ASHA for follow-up visit and counselling of sickle cell anaemia patients.

(c): The various initiatives undertaken by the Government of India under NHM to strengthen Non-communicable disease (NCD) screening and mental health services in Tamil Nadu are as under:

- The National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) focuses on strengthening infrastructure, human resource development, and early diagnosis, referral to an appropriate level of healthcare facility for treatment, management, health promotion and awareness generation for prevention of Non Communicable Disease (NCDs).
- Under Comprehensive Primary Health Care (CPHC) initiative, persons more than 30 years of age are targeted for their screening for common NCDs. To achieve universal screening of individuals age 30 years and above, the Government has also conducted NCD screening campaign.
- As per the information provided by the State, Complication Management Programs for Diabetic Patients for the specialized screening including Retinopathy and Nephropathy is done.
- To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs including Tamil Nadu through NHM. Facilities made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.
- The Government is also taking steps to strengthen mental healthcare services at primary healthcare level by upgrading Sub Health Centres (SHCs) and Primary

Health Centres (PHCs) to Ayushman Arogya Mandirs (AAM). Mental health services have been added in the packages of services under Comprehensive Primary Health Care provided at these AAM.

- The DMHP is established in all the 38 districts in the State of Tamil Nadu. Tele MANAS-2 state cells are established and implemented across the state.
