

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2266  
TO BE ANSWERED ON 1<sup>ST</sup> AUGUST, 2025**

**RMNCH+A STRATEGY**

**2266 SMT. PRATIMA MONDAL:**

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

- (a) the measures taken by the Government to improve maternal and child health outcomes under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in the country; and
- (b) the details of specific strategies that have been adopted by the Government to strengthen primary healthcare infrastructure under the Ayushman Bharat Health and Wellness Centres and the manner in which their performance is being monitored across States in the country?

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

(a): Under National Health Mission (NHM), various measures/initiatives are undertaken by the Government to improve maternal and child health outcomes under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in the country, key amongst which are as under:

- **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.
- **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.
- **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.
- Under **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) to improve child survival. **District Early Intervention Centres (DEICs)** are established at the district health facility level for confirmation and management of children screened under RBSK.
- **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.

- **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.
- **Rashtriya Kishor Swasthya Karyakram (RKSK)** is implemented in all States/UTs to ensure holistic development of the adolescent population which includes intervention of peer education programme, weekly Iron folic acid supplementation, Scheme for Promotion of Menstrual Hygiene among adolescent girls and Adolescent Friendly Health Clinics (AFHCs).
- **School Health & Wellness Programme (AB-SHWP)** is implemented as a joint initiative of Ministry of Health and Family Welfare and Ministry of Education under which Two teachers, preferably one male and one female, in every school are designated as “Health and Wellness Ambassadors” (HWAs) for Health Promotion.
- **Expanded Contraceptive Choices** comprising of Condoms, Combined Oral contraceptive pills, Intrauterine Contraceptive Devices (IUCD), Sterilization, Injectable contraceptive MPA (Antara Programme), Centchroman (Chhaya) and Emergency contraceptive pills are provided to beneficiaries.
- **Mission Parivar Vikas** is implemented in thirteen states for increasing access to contraceptives and family planning services.
- **Compensation scheme for Sterilization acceptors** provides compensation for loss of wages to the beneficiaries for Sterilization.
- **Post-Pregnancy contraception** in the form of Post-Partum Intrauterine Contraceptive Device (PPIUCD), Post-Abortion Intrauterine Contraceptive Device (PAIUCD), and Post-Partum Sterilization (PPS) are provided to beneficiaries.
- **‘World Population Day Campaign’ and ‘Vasectomy Fortnight’** are observed every year to boost awareness on Family Planning and service delivery across all States/ Union Territories.
- **Home Delivery of Contraceptive Scheme** is implemented through ASHAs.
- **Family Planning Logistics Management Information System (FPLMIS)** is implemented to ensure availability of Family Planning commodities across all levels of health facilities.

(b): The National Health Mission (NHM) provides support for strengthening health infrastructure and ensuring the availability of adequate human resources across health facilities, to improve availability and accessibility to quality health care, especially for the underserved and marginalized groups in rural areas. The Ministry of Health and Family Welfare (MoHFW) provides both technical and financial assistance to the States and UTs to

strengthen the public healthcare system, including strengthening of the health workforce based on the proposals received under the National Health Mission as per norms and available resources.

As on 24<sup>th</sup> July 2025, total of 1,78,342 Ayushman Arogya Mandirs have been operationalized, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver the expanded range of comprehensive primary healthcare services that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

The Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PMABHIM) develops capacities of primary, secondary, and tertiary care Health Systems, strengthen existing national institutions, and creates new institutions to fill gaps in public health infrastructure. The 15th Finance Commission supports local government for strengthening the primary health infrastructure in rural and urban areas.

Under the National Health Mission (NHM), the performance of various health programmes is regularly assessed through review meetings, video conferences and field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements, etc. Additionally, the functioning of NHM is periodically evaluated through external surveys, such as the National Family Health Survey (NFHS) and the Sample Registration System (SRS). Further, Common Review Missions (CRMs) are conducted annually under NHM to assess and monitor the implementation status and progress of various health schemes including the Ayushman Arogya Mandir.

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