

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

**LOK SABHA
UNSTARRED QUESTION NO. 3427
TO BE ANSWERED ON 08.08.2025**

INFANT AND MATERNAL MORTALITY IN KATIHAR

3427: SHRI TARIQ ANWAR :

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

- (a) whether special arrangements have been made for disease control this year in view of the increase in incidence of Acute Encephalitis Syndrome in Katihar district of Bihar and if so, the details thereof along with the number of vaccination camps conducted so far;
- (b) the current status of maternal child health services (especially pre-natal care and institutional delivery) in community health centres if the said district and the targeted programmes being undertaken to reduce infant and maternal mortality rates;
- (c) the data available regarding availability and effectiveness of mobile medical units in remote rural areas of Katihar district and the plan to increase their number; and
- (d) the details of the information about the functioning and availability of Nutrition Rehabilitation Centres (NRCs) to reduce the malnutrition rate in the said district?

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

- (a) The Integrated Disease Surveillance Programme (IDSP) at National Center for Disease Control (NCDC) was initiated in the year 2004, and is mandated with surveillance & response to outbreak prone communicable diseases in the country. Under this program there is a Central surveillance Unit (CSU) at Central level, State Surveillance Unit (SSU) at the State/UTs level and District Surveillance Unit (DSU) at district level. The program is responsible for the Surveillance of 50 plus epidemic prone diseases including Acute Encephalitis Syndrome (AES). The surveillance tool consists of S (Syndromic) form filled by Auxiliary Nurse Midwife (ANMs) at the Sub-centre level, P (Presumptive) form filled by medical officers at health facility level and L (Laboratory confirmed) form filled by laboratories as per standard case definitions.

As per Integrated Disease Surveillance Programme - Integrated Health Information Platform (IDSP-IHIP) Report, no AES case has been reported from Katihar district during last 3.5 years (2022–2025). The Katihar district is under Routine Immunization (RI).

- (b) The district of Katihar has one Special Newborn Care Unit (SNCU), one Newborn Stabilization Unit and one Paediatric Care Unit to provide care to sick and critically ill children at facility level.

The Ministry of Health and Family Welfare (MoHFW) supports in implementation of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH + N)

strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by respective State / UT. The details of interventions to improve child health outcome all across the country including State of Bihar, are placed as below:

- **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.
- **Community Based care of Newborn 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 newborn and young children in the community.
- **Janani Shishu Suraksha Karyakram (JSSK):** Sick infant up to one year of age is entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.
- Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative implemented since 2019 for 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.
- **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.

Under National Health Mission (NHM), Government of India implements the followings schemes/program to provide maternal health services including services for antenatal care and institutional delivery to reduce the maternal mortality among all States/UTs including Katihar district of Bihar-

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transportation, diagnostics, medicines, blood, other consumables and diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by an Obstetrician/Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy ensures quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till 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.

- **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 (VHSND)** an outreach activity at Anganwadi centres ensures provision of maternal and childcare including nutrition in convergence with the Integrated Child Development Services (ICDS).
- **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.
- **Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Health Mission, implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. It is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care.

(c) Public Health and Hospitals is a State Subject and the responsibility for strengthening of healthcare system including Mobile Medical Unit(MMU) in remote rural areas lies with respective State/Union Territory Governments. The key objective of the Mobile Medical Units is to reach the population in remote, difficult, underserved and inaccessible areas with a set of preventive, promotive and curative services, including but not limited to Reproductive Child Health (RCH) Services. These services are free for the patient at the Point of Care. National Health Mission (NHM) provides technical and financial support to the States/Union Territories for MMUs. Ministry of Health and Family Welfare provides support to the States based on the proposal submitted by States in PIP (Program Implementation Plan) based on the respective State's requirement every year. As per the report of NHM MIS December,2024, there is no Mobile Medical Unit in Bihar under NHM.

(d) The Ministry of Health and Family Welfare has established Nutrition Rehabilitation Centres (NRCs) 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, across the country including Katihar district of Bihar. In addition to the curative care, efforts are made to build capacities of the mothers/caregivers through counselling and support on timely, adequate and age-appropriate feeding practices during admission in NRC. As per the report received from the State of Bihar for FY 2024-25, one NRC is functional at District Hospital in Katihar district with admissions of 280 children under 5 years suffering from Severe Acute Malnutrition (SAM) with medical complications.
