

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1140  
TO BE ANSWERED ON 5<sup>TH</sup> DECEMBER, 2025**

**MATERNAL AND NEWBORN HEALTHCARE UNDER NHM**

**1140# SHRI CHAVDA VINOD LAKHAMSHI:**

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

- (a) the details of the Government's actions to improve maternal and newborn health related outcomes under the National Health Mission (NHM) in the country;
- (b) the details of the country's achievements in elimination and control of major infectious diseases;
- (c) the details of the progress of Ayushman Bharat scheme in ensuring health coverage for all citizens in the country; and
- (d) the details of the role of community participation in improving maternal and child health related outcomes in the country?

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

(a) Under the National Health Mission (NHM), various initiatives are implemented across the country to improve maternal and newborn health outcomes, include the followings:

- **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.
- **Diarrhoea Campaign (Intensified Diarrhoea Fortnight/ STOP Diarrhoea Campaign)** promotes the use of Oral Rehydration Solution (ORS) and Zinc to reduce diarrhoea-related morbidity and mortality among under 5 children.
- **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.

(b): The Government of India has attained considerable achievements in eliminating and controlling of major infectious diseases, key amongst which are as follows:

- The incidence rate of TB in India has shown a 21% decline from 237 per lakh population in 2015 to 187 per lakh population in 2024 – over almost double the decline observed globally (at 12%) consecutively for last two years. TB mortality rate has also reduced by 25% from 28 per lakh population in 2015 to 21 per lakh population in 2024. TB treatment coverage in India increased by 39% from 53% in 2015 to 92% in 2024, higher than the global average of 78%.
- 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 Kala-azar elimination target of less than one case per 10,000 population across 633 blocks in 54 districts of endemic states in 2023 has been achieved, well ahead of the 2030 global Sustainable Development Goal (SDG) target and this status is maintained till date.
- The Case Fatality Rate (CFR) of Japanese Encephalitis has reduced from 17.6% in 2014 to 7.1% in 2024.
- The Case Fatality Rate (death per 100 cases) for Dengue is sustained below 1% since 2008 (0.13% in 2024).
- National Viral Hepatitis Control Program was launched in 2018 under the National Health Mission, aims to combat hepatitis and eliminate hepatitis C by 2030 and reduce morbidity and mortality due to other types of viral hepatitis. Since its inception till September 2025, around 6.47 crore pregnant women have been screened for HBsAg, and nearly 2 lakh newborns born to hepatitis B-positive pregnant women have been administered HBIG.
- Under Elimination of Vertical Transmission of HIV and Syphilis (EVTHS), the Vertical transmission rate has declined by around 74.5% between 2010 and 2024, compared to around 56.5% globally during the same period. Additionally, annual new HIV infections have declined by 48.7% and AIDS-related deaths by 81.4% in India between 2010 and 2024.

(c) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health cover of Rs 5 lakhs per family per year for secondary and tertiary care hospitalisation to cover 60 crore beneficiaries corresponding to 12 Crore families constituting the bottom 40% of India's population. In March 2024, approximately 37 lakh families of ASHAs, Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) were included under the scheme.

The scheme has also expanded to cover 6 crore senior citizens of age 70 years and above, belonging to 4.5 Crore families, irrespective of their socio-economic status, under AB PM-JAY with Vay Vandana Card. As of 31<sup>st</sup> October 2025, more than 42.31 crore Ayushman Cards have been created under the scheme. A total of 10.76 Crore hospital admissions amounting of Rs 1.56 lakh crore have been authorized. Additionally, 89.51 lakh Cards have been issued under Ayushman Vay Vandana Category for senior citizens, more than 41.34 lakh Ayushman cards have been created for ASHA/AWW/AWH categories and 32,403 hospitals have been empanelled under the scheme.

The primary healthcare teams at Ayushman Arogya Mandir (AAM), including frontline workers (ASHAs and ANMs), 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. 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.

(d) 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.

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