

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 1916
TO BE ANSWERED ON 11.12.2024

PROGRAMMES FOR MATERNAL AND CHILD HEALTH

1916. SHRI ADITYA PRASAD:

Will the Minister of Women and Child Development be pleased to state:

- (a) the details of medical examinations programmes and nutrition availability for maternal health protection in tribal dominated inaccessible areas in the State of Jharkhand;
- (b) the programmes being run for awareness and alertness among pregnant women with regard to the protection of new-borns and maternal health from infectious diseases; and
- (c) the chronological details of the achievements of these programmes during the last five years?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SAVITRI THAKUR)

(a) and (b) Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years in Aspirational Districts and North-East region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) during the 15th Finance Commission. Mission Poshan 2.0 seeks to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored mission, where the responsibility of implementation lies with the States/UTs. It is being implemented in all districts of all States/UTs including the State of Jharkhand.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sector approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenge of malnutrition is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month. The number of Pregnant women and Lactating Mothers registered in Anganwadis as on November, 2024 is 1,07,01,847.

Ministry of Health & Family Welfare (MoH&FW) under National Health Mission (NHM), implements programs for medical examinations and awareness generation among pregnant women across all States/UTs.

- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman and sick infants (up to one year of age) delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up 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.

- ❑ **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child-care including nutrition in convergence with Ministry of Women and Child Development.
- ❑ **Reproductive and child health (RCH) portal** is a name-based web-enabled tracking system for pregnant women and newborn for services including antenatal care, institutional delivery and postnatal care.
- ❑ **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.

Further, Ministry of Health and Family Welfare has taken the following steps for awareness:

- ❑ Dissemination of information about the Schemes through Information Education & Communication (IEC) & Behaviour Change Communication (BCC) strategies including mass media.
- ❑ Field level workers like ANMs, ASHAs and CHOs promote programme at the ground level through interpersonal communication
- ❑ Communications through multiple channels with State Governments including letters, videoconferencing, etc.
- ❑ A system of supportive supervisory visits to the States and districts to monitor the implementation of various maternal and child health interventions.

(c) The achievements during the last five years are as under: -

Maternal Health Indicators	NFHS 4	NFHS 5
Mothers who had an antenatal check-up in the first trimester (%)	58.6	70.0
Institutional births	78.9	88.6
Births attended by skilled health personnel (doctor/ nurse/ LHV/ ANM/ other health personnel (%)	81.4	89.4
Mothers who received postnatal care from a doctor/ nurse/ LHV/ ANM/ midwife/ other health personnel within 2 days of delivery (%)	62.4	81.7

Data source: National Family Health Survey (NFHS) -IV (2015-16) and V (2019-21)

As per the Sample Registration System (SRS) report of Registrar General of India, details of child mortality are as under:-

India	Neonatal Mortality Rate (NMR)	Infant Mortality Rate (IMR)	Under 5 Mortality Rate (U5MR)
2016	24	34	39
2017	23	33	37

2018	23	32	36
2019	22	30	35
2020	20	28	32

Further, as per National Family Health Survey 5 (2019-21), the percentage of children of age under 3 years breast-fed within one hour of birth is 21.5 percent and percentage of children under age of 6 months exclusively breast-fed is 76.1 percent for the State of Jharkhand. (proxy indicators for mothers provided assistance under the Mother’s Absolute Affection (MAA).
