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

LOK SABHA
UNSTARRED QUESTION NO.3434
TO BE ANSWERED ON 07.08.2026

NON-AVAILABILITY OF ASHA DRUG KITS

†3434 . SHRI ARUN KUMAR SAGAR:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the overall maternal and child health situation in Shahjahanpur District of Uttar Pradesh is critical with Key Performance Indicators (KPIs) such as Antenatal Care (ANC) check-ups, breastfeeding rates and low birth weight infants falling below the national and State averages, if so, the details thereof;

(b) whether the non-availability of ASHA drug kits and the low level of compliance with the National Quality Assurance Standards (NQAS) have further weakened the healthcare delivery system in the region, if so, the details thereof;

(c) whether the Government proposes to accord top priority to Shahjahanpur District of Uttar Pradesh, for health sector improvements and provide a special Central assistance package for strengthening maternal and child health services, ASHA empowerment and healthcare infrastructure, if so, the details thereof; and

(d) whether the said package is likely to include comprehensive financial assistance, a robust monitoring mechanism and capacity-building measures, if so, the details thereof?

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

(a) The Key performance Indicators (KPIs) under maternal and child health at National and State level including Shahjahanpur district of Uttar Pradesh is placed in Annexure.

(b) As per the report received from the State of Uttar Pradesh, ASHA drug kits are provided to all ASHA workers across the State including Shahjahanpur district.

The ASHA Drug Kit enables them to deliver first-contact curative care and provide symptomatic relief, facilitate timely referral when required, and manage cases in accordance with the protocols they have been trained to follow.

Similarly, to improve the quality of healthcare services, the Ministry has implemented the National Quality Assurance Standards (NQAS) across public healthcare facilities, from Ayushman Arogya Mandir–Sub Health Centres to District Hospitals.

(c) and (d) Under the National Health Mission, the Government of India provides technical and financial support to the States and Union Territories for strengthening the maternal and child health services, ASHA empowerment and healthcare infrastructure based on the Annual Program Implementation Plan (PIP) submitted by respective State/UT.

The details of various schemes and initiatives being implemented across all States/UTs, including Shahjahanpur district of Uttar Pradesh, are given below:

- **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 woman 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 ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until 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.
- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities 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 Accredited Social Health Activists (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 service provision of maternal and childcare in convergence with the ICDS.
- **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase awareness for the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.
- **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.

- **Strengthening of infrastructure**, including functionalization of **First Referral Units (FRUs),** setting up of **Maternal and Child Health (MCH) Wings,** operationalization of **Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU),** establishment of **Birth Waiting Homes (BWHs)** in difficult terrain, remote and tribal areas for improved access to healthcare facilities and promoting institutional delivery.
- **Facility Based Newborn Care:** Special New-born Care Units (SNCUs)/ Neonatal Intensive Care Units (NICUs) 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. Mother Newborn Care Units (MNCUs) have been established to ensure 'zero separation', enabling 24×7 integrated care of sick and small newborns together with their mothers while promoting family participatory care.
- **Kangaroo Mother Care (KMC)** has been implemented at facility and community level to low birth weight/ pre-term infants that includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.
- **Samagra Shishu Bal Swasthya Karyakram (SSBSK):** 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. Building on these initiatives, the Ministry of Health and Family Welfare has recently released the Samagra Shishu Bal Swasthya Karyakram (SSBSK), a unified national programme that integrates HBNC and HBYC into a single continuum of home and community-based care for every child from birth to 36 months, with the vision of "पहले तीन साल सम्पूर्ण देखभाल".
- **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) 2.0:** Rashtriya Bal Swasthya Karyakram (RBSK) provides child health screening and early intervention services for defects, diseases, deficiencies and delays to improve the quality of survival of children 0-18 years. Recently, MoHFW released the RBSK 2.0 Operational Guidelines, expanding the programmatic framework to include emerging child health priorities. Under this initiative, the Ministry also released the Guidance Document on Diabetes Mellitus in Children, which provides a standardized national framework for the screening, diagnosis, treatment and long-term management of diabetes among children.

ASHA Empowerment is enabled through various measures as mentioned below ;

- **Participation:** ASHAs, primarily women, are selected from their communities, harnessing local women's potential to promote health and advocate for change. ASHAs are empowered by the exposure and social affirmation gained through their work and active engagement within their communities.
- **Economic Empowerment:** The ASHA programme offers women a means to generate income while serving their communities, especially beneficial for women in areas with limited economic opportunities. This financial independence also contributes to personal, family, and community well-being.
- **Leadership and Decision-Making:** ASHAs gain leadership experience by conducting meetings, mobilizing communities, and advocating for health rights. This leadership translates to confidence and agency, expanding their role beyond healthcare and contributing to women's empowerment.
- **Breaking Social Barriers:** ASHAs' participation challenges traditional gender roles, highlighting women's competence in healthcare decision-making, shifting perceptions within communities.
- **Healthcare as Empowerment Avenue:** ASHAs bridge the gap between the community and public health system. Their advocacy for maternal and child health, family planning, breast cancer, cervical cancer and adolescent health etc. empowers women to prioritize health and informed choices.

Monitoring Mechanism:

Under National Health Mission (NHM), the Government monitor the central assistance package for strengthening maternal and child health services through a robust, multi-layered framework that includes review of State wise key deliverables against approved target during NPCC Meetings with all States/UTs, regular assessment of performance through the Output-Outcome Monitoring Framework (OOMF), in addition annual common review Missions (CRMs) provides independent, on-ground assessments of programme implementations, health system strengthening, and progress on key on key indicators , enabling identification of gaps, course correction and strengthening of accountability at State and District levels.

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Annexure referred to in reply to part (a) of Lok Sabha Unstarred Q. No. 3434 to be answered on 07.08.2026

Annexure

Key Performance Indicator (KPI)	National Level (NFHS-6)	State of Uttar Pradesh (NFHS-6)	District of Shahjahanpur (NFHS-5)
Mothers who had an antenatal check-up in the first trimester (%) *	76.2	70.6	61.4
Mothers who had at least 4 antenatal care visits (%) *	65.2	51.8	35.3
Children under age 3 years breastfed within one hour of birth (%) *	50.1	43.1	27.6
Children under age 6 months exclusively breastfed (%) *	55.8	34.6	55.1
Low birth weight infants (Less than 2500 gm) (%) **	13.8	10.9	14.6

Source- *NFHS 6 and ** HMIS FY 2025-26

(Data for District-wise NFHS-6 is not available as yet)