

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2850
TO BE ANSWERED ON 20TH MARCH, 2018**

UNICEF REPORT ON NEONATAL MORTALITY RATE

**2850. SHRI D. RAJA:
SHRI MD. NADIMUL HAQUE:**

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

- (a) whether Government is aware of the recent UNICEF report on neonatal mortality rate which ranks India as 12th worst country among 52 low middle income countries based on number of children dying within first month of their birth which is 25.4 per 1000 live births;
- (b) if so, details thereof and Government's reaction thereto;
- (c) steps taken by Government to reduce newborn deaths and achieve target for neonatal mortality of 12 by 2030 to meet Sustainable Development Goals; and
- (d) steps taken by Government to strengthen mother and newborn health services to improve the above rankings and details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): As per the “Every Child Alive- The urgent need to end new-born deaths” published by UNICEF in 2018, India ranks 12th in the 52 low middle income countries of the world on the basis of new-born mortality.

However, as per Sample Registration System, 2016 report of Registrar General of India, The Neo-natal Mortality Rate (NMR) for India is 24 per 1000 live births.

(c) & (d): Public Health & Hospitals is a state subject. However, following programmes and schemes under National Health Mission (NHM) are being implemented by States/ UTs to strengthen mother and new-born health services and reduce neonatal mortality rate:

- (1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

- (2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) Services, ensuring essential new-born care at all delivery points, establishment of Special New-born Care Units (SNCU), New-born Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based New-born Care (HBNC) is being provided by ASHAs to improve child rearing practices. India New-born Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Stillbirth Rate”, by 2030.
- (3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Mothers’ Absolute Affection (MAA) programme for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary feeding up to two years) through mass media campaigns and capacity building of health care providers in health facilities as well as in communities.
- (4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. “Mission Indradhanush and Intensified Mission Indradhanush” was launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. Measles Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020.
- (5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (6) RashtriyaBalSwasthyaKaryakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (7) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.
- (8) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote healthy practices and create awareness to generate demand and improve service uptake.
- (9) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential new-born care.

- (10) PradhanMantriSurakshitMatritvaAbhiyan (PMSMA) has been implemented to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- (11) Capacity building of Graduate doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- (12) Establishing Maternal and Child Health (MCH) Wings in high caseload facilities to improve the quality of care provided to mothers and children.
- (13) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.
- (14) To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- (15) Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.