

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

**LOK SABHA
UNSTARRED QUESTION NO. 1405
TO BE ANSWERED ON 10TH FEBRUARY 2023**

NEWBORN STABILIZATION UNITS

**1405: SHRI KRUPAL BALAJI TUMANE:
SHRIMATI BHAVANA PUNDALIKRAO GAWALI:**

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

- (a) whether facility based newborn care units are proposed to be set up in Newborn Stabilization Units (NBSUs) in each district hospitals, Medical Colleges and Community Health Centres (CHCs) for taking care of sick newborns and if so, the details thereof;
- (b) whether the said Units have been set up in all the district hospitals, Medical Colleges and CHCs in the country particularly in Maharashtra and Andhra Pradesh;
- (c) if so, the details thereof and if not, the reasons therefor;
- (d) the role played by the ASHA workers in improving the newborn care practices;
- (e) whether as per NFHS-5 the infant mortality rate has decreased in some States/UTs and if so, the details thereof, State/UT-wise; and
- (f) the necessary corrective steps taken/proposed to be taken in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (c):

Under the National Health Mission, based on the proposals submitted by States/ Union Territories in the Annual Programme Implementation Plans (PIPs), support is provided for establishing Neonatal Intensive Care Units (NICUs) / Sick New-born Care Units (SNCUs) at Medical College and District Hospital level, New-born Stabilization Units (NBSUs) at First Referral Units (FRUs)/ Community Health Centres (CHCs) level for care of sick and small babies.

As per the information received from the State of Andhra Pradesh - 13 SNCUs at Teaching Hospitals, 11 SNCUs at District Hospitals, 7 SNCUs at Sub District Hospitals, 5 SNCUs at MCH Centres and 25 SNCUs at CHCs are functional. In addition to this, 126 NBSUs at CHC level and 37 NBSUs at Sub District Hospital level facilities are functional.

As per the information received from the State of Maharashtra - 32 SNCUs at District Hospitals, 13 SNCUs at Sub District Hospitals, 1 SNCU at Rural Hospital and 3 SNCUs at Corporation Hospitals are functional. Apart from this, 186 NBSUs are functional at Rural Hospitals and Sub-district level facilities.

(d): Under National Health Mission, ASHAs perform following activities for childcare

- Perform home visits as per schedule under Home Based New-born Care and Home-Based Care of Young Children (HBYC) program to improve childcare practices and to identify sick new-born and young children in the community for referral to nearest health facilities for management.
- Mobilize eligible new-borns and children to immunization sessions and support Auxiliary Nurse Midwives (ANMs) in conducting regular immunization.
- Identify houses with 0 to 5 years old children and distribute Oral Rehydration Solution (ORS) packets and Zinc tablets and educate mothers on preparation of ORS.
- Increase awareness among families and community members on early identification of childhood pneumonia and also refer severe cases to the nearest health facility in coordination with ANMs.
- Distribute Iron and Folic Acid (IFA) syrup to mothers of children 6 to 59 months of age and also ensure IFA supplementation twice in a week to prevent anemia in children.
- Identify sick children with Severe Acute Malnutrition (SAM) in coordination with Anganwadi workers and ANMs for referral to Nutrition Rehabilitation Centers (NRCs).
- Promote early initiation of breastfeeding, exclusive breastfeeding for first six months among infants and appropriate Infant and Young Child Feeding (IYCF) practices.

(e)

As per National Family Health Survey (NFHS) – V factsheets, Status of Infant Mortality Rate at State/ UT level is placed at Annexure I.

(f)

The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Programme Implementation Plan (APIP) submitted by States/ UTs to reduce Infant Mortality Rate.

The details of interventions to reduce Infant Mortality Rate are as follows:

- **Facility Based New-born Care:** Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born 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 New-born 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 new-born and young children in the community.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).

- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **Universal Immunization Programme (UIP)** is implemented to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rota-viral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) has been introduced in all the States and UTs.
- **Rashtriya Bal Swasthya Karyakaram (RBSK):** Children from 0 to 18 years of age are screened for 30 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakaram (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.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Anaemia Mukht Bharat (AMB) strategy** as a part of POSHAN Abhiyan aims to strengthen the existing mechanisms and foster newer strategies to tackle anaemia which include testing & treatment of anaemia in school going adolescents & pregnant women, addressing non-nutritional causes of anaemia and a comprehensive communication strategy.
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.

Annexure I

Status of Infant Mortality Rate (IMR) at State/ UT level		
	NFHS IV (2015-16)	NFHS V (2019-21)
Andhra Pradesh	34.9	30.3
Andaman and Nicobar Islands	9.8	20.6
Arunachal Pradesh	22.9	12.9
Assam	47.6	31.9
Bihar	48.1	46.8
Chandigarh	Not Available	Not Available
Chhattisgarh	54.0	44.3
Dadra & Nagar Haveli and Daman & Diu	33.4	31.8
Goa	12.9	5.6
Gujarat	34.2	31.2
Haryana	32.8	33.3
Himachal Pradesh	34.3	25.6
Jammu & Kashmir	32.4	16.3
Jharkhand	43.8	37.9
Karnataka	26.9	25.4
Kerala	5.6	4.4
Ladakh	35.3	20.0
Lakshadweep	27.0	0.0
Madhya Pradesh	51.2	41.3
Maharashtra	23.7	23.2
Manipur	21.7	25.0
Meghalaya	29.9	32.3
Mizoram	40.1	21.3
Nagaland	29.5	23.4
NCT of Delhi	31.2	24.5
Odisha	39.6	36.3
Puducherry	15.7	2.9
Punjab	29.2	28.0
Rajasthan	41.3	30.3
Sikkim	29.5	11.2
Tamil Nadu	20.2	18.6
Telangana	27.7	26.4
Tripura	26.7	37.6
Uttar Pradesh	63.5	50.4
Uttarakhand	39.7	39.1
West Bengal	27.5	22.0
Source: National Family Health Survey (NFHS)		