

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

**LOK SABHA
UNSTARRED QUESTION NO. 994
TO BE ANSWERED ON 07TH FEBRUARY, 2020**

INFANT DEATHS IN HOSPITALS IN RAJASTHAN

**994. SHRI GAJANAN KIRTIKAR:
SHRI RAJIV RANJAN SINGH ALIAS LALAN SINGH:
SHRI KANAKMAL KATARA:
SHRIMATI JASKAUR MEENA:
SHRI SANJAY SADASHIV RAO MANDLIK:
SHRI SHRIRANG APPA BARNE:
SHRI JUAL ORAM:
SHRI GOPAL CHINNAYA SHETTY:
SHRI NIHAL CHAND:
SHRI BIDYUT BARAN MAHATO:
SHRI SUDHEER GUPTA:**

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

- (a) whether the death of more than 100 children alone in the month of December and more than 1000 children in the year 2019 has been reported from hospitals in the Kota district of Rajasthan, if so, the details thereof and the reasons for the same;
- (b) the action taken against the officers/Doctors responsible for this tragic incident;
- (c) whether a high level team has been set up by the Union Government including experts from All India Institute of Medical Sciences, Jodhpur and other institutes to investigate the incident;
- (d) if so, the details thereof along with the findings of the said high level team;
- (e) whether the National Human Rights Commission (NHRC) has issued a notice to the Rajasthan Government over the death of more than 100 children in a State run hospital in Kota and if so, the details thereof and the response of the State Government thereto;
- (f) the steps taken by the Government to curb recurrence of such incidents and to provide assistance to the State Government in this regard; and
- (g) whether any compensation has been ordered/ extended to the families of the deceased children, if so, the details thereof?

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

- (a): As per report provided by the State of Rajasthan, the J. K. Lone hospital Kota recorded 100 deaths of children in December 2019 and more than 1000 children died in the year 2019.

The various reason of the deaths reported are-

Severe Birth Asphyxia with Hypoxic Ischemic Encephalopathy (HIE), Prematurity, Respiratory Distress Syndrome (RDS), Sepsis, Congenital Pneumonia, Congenital Heart Disease (CHD), Meconium Aspiratory Syndrome (MAS), Aspiration Pneumonia, Pneumonia, Septicaemia, Meningoencephalitis, Thalassemia, Multi Organ Dysfunction Syndrome etc.

(b): As reported by State Government, the superintendent of J. K. Lone hospital has been removed in view of certain deficiencies observed in the hospital.

(c) & (d): A central team comprising of experts from AIIMS, Jodhpur and the Ministry of Health and Family Welfare was deputed during 3rd and 4th January 2020 to visit J.K. Lone Hospital and Medical College in Kota district of Rajasthan.

The salient findings of the central team are as follows -

1. Out of 100 deaths reported in J.K. Lone Hospital, 70 deaths were in Neonatal Intensive Care Unit (NICU) and 30 deaths in Paediatric Intensive Care Unit (PICU)/ Paediatric ward.
2. Majority of neonates who died were low birth weight and 63% died in less than 24 hours of admission. Majority of the death cases were referred cases from district hospital Bundi and district hospital Baran.
3. The bed occupancy rate of NICU was 125 % and of PICU was 186 % resulting in sharing of beds.
4. Bed nurse ratio for NICU and PICU was 10:1 and 6:1 respectively against the norm of 2:1.
5. Many of the equipments in the hospital were non-functional and there was no equipment maintenance policy.
6. The team recommended strengthening of infrastructure, adequate manpower and use of standard clinical protocol besides strengthening primary and secondary health care services at sub district level.

(e): As per information received from Government of Rajasthan, a notice was issued by National Human Rights Commission (NHRC) to State Government of Rajasthan on 13th January 2020 regarding the episode of death of children in J.K Lone Government hospital, Kota, Rajasthan. The commission directed Chief Secretary, Government of Rajasthan for submission of detailed report and steps being taken to address the issues.

The reply was submitted on 5th February 2020 by state Government explaining the details of the deaths and various corrective measure taken immediately by State Government and ensured the commission that State Government is committed to take all necessary steps to provide quality medical care to the children admitted in hospital.

(f): Public Health and Hospitals being a State Subject, the primary responsibility of providing healthcare services in the state including hospitals of Kota is that of respective State Government. However, under National Health Mission (NHM), support is provided to the States /UTs to strengthen their health care systems including strengthening of infrastructure, and adequate manpower based on the proposals received from the States in their Programme Implementation Plans (PIPs). These PIPs are appraised in the National Programme Coordination Committee (NPCC) meetings and approvals are accorded to States/ UTs in the form of Record of Proceedings (RoPs).

Further, in order to address child mortality and morbidity, the Government of India is supporting in implementation of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy.

The various intervention under RMNCAH+N strategy are as below:

1. Strengthening essential newborn care at all delivery points, establishment of Sick Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.
2. Home Based Newborn Care (HBNC) and Home Based Care of Young Children (HBYC) by ASHAs to improve child rearing practices and to identify sick newborn.
3. 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) in convergence with Ministry of Women and Child Development.
4. Government of India has launched POSHAN (Prime Minister Overarching Scheme for Holistic Nourishment) Abhiyaan, to address malnutrition challenges in India by engaging all the important stakeholders in a convergent approach.
5. Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
6. 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 delivery including Caesarean section, post-natal care and treatment of sick infants up to one year of age. Pradhan Mantri Matru Vandana Yojana (PMMVY) is another maternity benefit programme under which cash incentive is provided to pregnant women and lactating mothers.
7. Besides this regular reviews and field visits are conducted to various states to provide supportive supervision.

(g): No.