

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

**LOK SABHA  
UNSTARRED PARLIAMENT QUESTION 4932  
TO BE ANSWERED ON 1<sup>ST</sup> APRIL 2022**

**NEW-BORN CARE UNITS**

**4932: SHRIMATI GODDETI MADHAVI:  
SHRI M.V.V. SATYANARAYANA:**

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

- (a) Whether Facility Based New born Care Units are proposed to be set up in every district hospitals and medical colleges and New-born Stabilization Units at CHCs for care of sick and small babies;
- (b) If so, the details thereof, State/UT-wise including Andhra Pradesh;
- (c) If not, the reasons therefor;
- (d) The role played by ASHAs in helping and improving child rearing practices;
- (e) Whether Infant Mortality Rate as per National Family Health Survey-5 has fallen in some States/UTs; and
- (f) If so, the details thereof, State/UT-wise and corrective measures taken/to be taken by the Government to further reduce IMR?

**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, 8 District Hospitals, 11 Medical Colleges and 21 CHCs have functional SNCU and 86 CHCs have functional NBSU.

The State/ UT wise details of Newborn Facilities are placed at annexure I.

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

- Home visits are conducted as per scheduled visit under Home Based New-born Care and Home-Based Care of Young Children (HBYC) program to improve child care 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 conduct of 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 anaemia in children.
- Identify sick children with Severe Acute Malnutrition (SAM) in coordination with Anganwadi workers and ANMs for referral to Nutrition Rehabilitation Centres (NRCs).
- Promote early initiation of breastfeeding, exclusive breastfeeding for first six months among infants and appropriate Infant and Young Child Feeding (IYCF) practices.

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

The Ministry of Health and Family Welfare (MoHFW) is supporting 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 are placed at Annexure III.

<b>Status of Facility Based Newborn Care in States/ UTs</b>			
<b>S. No</b>	<b>State/UTs</b>	<b>No. of SNCUs / NICUs</b>	<b>No. of NBSUs</b>
1	Bihar	43	41
2	Chhattisgarh	23	134
3	Himachal Pradesh	16	49
4	Jharkhand	19	27
5	Madhya Pradesh	56	62
6	Odisha	40	45
7	Rajasthan	61	286
8	Uttar Pradesh	85	237
9	Uttarakhand	6	47
10	Arunachal Pradesh	5	12
11	Assam	28	196
12	Manipur	5	4
13	Meghalaya	5	17
14	Mizoram	5	3
15	Nagaland	3	16
16	Sikkim	2	3
17	Tripura	6	7
18	Andhra Pradesh	50	119
19	Goa	3	1
20	Gujarat	50	150
21	Haryana	27	66
22	Karnataka	42	176
23	Kerala	17	61
24	Maharashtra	59	179
25	Punjab	24	59
27	Tamil Nadu	74	147
26	Telangana	29	46
28	West Bengal	69	307
29	A & N Islands	1	6
30	Chandigarh	3	3
31	Dadra & Nagar Haveli and Daman & Diu	2	2
32	Delhi	20	0
33	Jammu & Kashmir	30	64
34	Ladakh	2	3
35	Lakshadweep	2	0
36	Puducherry	4	6

**Source:** State Facility Based Newborn Care Quarterly Report

<b>Status of Infant Mortality Rate (IMR) at State/ UT level</b>		
	<b>NFHS IV (2015-16)</b>	<b>NFHS V (2019-21)</b>
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
<b>Source: National Family Health Survey (NFHS)</b>		

**Interventions for improving Infant Mortality Rate (IMR):**

- **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 Mukta 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.