

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

**LOK SABHA
UNSTARRED QUESTION NO. 1024
TO BE ANSWERED ON 29TH APRIL, 2016**

STILLBIRTHS

1024. DR. PRABHAS KUMAR SINGH:

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

- (a) the number of stillbirths reported in comparison to the global average, during the last three years;
- (b) the steps taken/being taken by the Government to meet the targets of the "Every Newborn Action Plan", State/UTwise;
- (c) whether Janani Suraksha Yojana (JSY) institutions are equipped to deal with institutional deliveries, if so, the details thereof and if not, the reasons therefor; and
- (d) whether the Government has taken cognizance of delay in disbursement of funds under Direct Benefit Transfer for JSY, if so, the details thereof and corrective steps taken in this regard?

ANSWER

**THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a): As per the Sample Registration System (SRS) report of the Registrar General of India the reported Stillbirth rate for last three year in comparison with the global data are placed below.

Stillbirth Rate (per 1000 births)	2011	2012	2013	2015
India	6	5	4	NA
World	19	NA	NA	18

(b): Based on the Global Every Newborn Action Plan (ENAP); India Newborn Action Plan (INAP) was launched in September 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.

INAP has considered life cycle approach to address the neonatal mortality. That means health of adolescents as well as care of mother during pregnancy; at the time of delivery and after delivery has direct bearing on the health of newborn. Accordingly six life stages have been identified with specific intervention to reduce neonatal mortality.

The concept of continuum of care i.e linking institutions with community care is another strategic approach in the India newborn action plan. The home based newborn care provided by ASHA addresses this issue appropriately.

The newer evidence based approaches like empowering ANM to give injection Gentamycin, Injection Vitamin K at birth, Kangaroo mother care for preterm newborn and strengthening of care of sick newborn services have been incorporated in INAP.

The state Governments have started implementing INAP and this is expected to reduce neonatal mortality and thereby overall child mortality in the country.

(c): Public health institutions in states/UTs which implement Janani Suraksha Yojana (JSY) are equipped to deal with institutional deliveries. Funds are being provided to the States/UTs under the National Health Mission to strengthen their public health facilities in terms of infrastructure up gradation in labour room, wards, hiring of medical officers and staff nurses, procurement of essential drugs and supplies so that these facilities get equipped for conducting institutional deliveries.

(d): The Government is aware of delay in disbursement of funds under Direct Benefit Transfer (DBT) for JSY in some states. However, this delay is due to the fact that states/UTs may require some time to get accustomed to the processes involved in the new DBT payment mechanism which has been expanded to all the districts only in 2015-16.

The Government has fast tracked Public Finance Management System (PFMS) trainings and completed State level Training of Trainers (ToTs) for all the States/UTs and appointed Nodal officers for the States/UTs to handhold them in implementation of DBT under JSY. Further, DBT progress of states/UTs is periodically analysed and feedback is shared with States/UTs for corrective action.