

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:1775
ANSWERED ON:23.03.2012
SAFE DELIVERY
Pal Shri Jagdambika

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

- (a) the schemes run by the Government for safe delivery and neonatal care alongwith the details, of devolution of funds under such schemes;
- (b) whether the Government has enquired into the recent incidents of new born children lost lives due to malfunction/failure of equipments in hospitals;
- (c) if so, the details thereof alongwith the action taken to fix responsibilities for poor maintenance of equipments in hospitals;
- (d) whether the Government has looked into the utilization of funds devolved to respective State Governments or agency under the schemes for safe delivery and after birth child care; and
- (e) the steps being taken to improve the quality of neonatal care in hospitals?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) In the Reproductive and Child Health programme, under National Rural Health Mission, the following interventions are implemented for safe delivery and neonatal care to reduce child and maternal mortality rates in the country:

- (1) Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY): Promoting Institutional delivery by skilled birth attendant is key to reducing both maternal and neo-natal mortality. There has been a phenomenal increase in number of institutional deliveries since the launch of JSY and number of beneficiaries has increased from 7.39 lacs in 2005 to 113.38 lacs in 2010-11. Besides this infrastructure of health facilities is also being strengthened for providing comprehensive obstetric care services under NRHM.
- (2) Emphasis on facility based newborn care at different levels to reduce Child Mortality: Setting up of facilities for care of Sick Newborn such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels is a thrust area under NRHM. At present 340 SNCUs, 1210 NBSU and 9824 NBCCs are functional.
- (3) Capacity building of health care providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of mother during pregnancy and delivery. These trainings are IMNCI, NSSK, SBA, LSAS, EMOC, BMOC etc.
- (4) Management of Malnutrition: As malnutrition reduces resistance of children to infections thus increasing mortality and morbidity among children, emphasis is being laid under NRHM for management of malnutrition. 558 Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition. As breastfeeding reduces neo-natal mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development. Village Health and Nutrition Days (VHNDs) are organized for imparting nutritional counselling to mother and to improve child care practices.
- (5) Universal Immunization Programme: Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, Cold chain equipments, provision of operational costs.
- (6) New initiatives in last two years:

(a) Janani Shishu Suraksha Karyakram (JSSK) was launched on 1st June 2011 and has provision for free transport, food and drugs and diagnostics to all pregnant women and sick new born. The initiative would further promote institutional delivery; eliminate out of pocket expenses which act as a barrier to seeking institutional care for mothers and sick new born.

(b) Home based new born care (HBNC): As 52 percent of child deaths take place in the first 28 days of birth, home based newborn care through ASHA has been initiated by providing incentive of Rs. 250. The purpose of Home Based New Born Care is to improve new born practices at the community level and early detection and referral of sick new born babies.

(c) Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured. One crore and eighty lakh mothers and One crore and twenty two lakh children have been registered till 15th March, 2012.

The state-wise detail of funds under RCH programme is annexed.

(b) & (c) There has been no report in the recent period on newborn deaths due to malfunction/ failure of equipments from the states.

(d) Yes.

(e) details given in (a) above.