

1	2	3	4	5
<b>C. Non-High Focus States</b>				
19.	Andhra Pradesh	48.25	317.64	158.62
20.	Goa	0.59	5.70	2.55
21.	Gujarat	24.80	146.57	75.78
22.	Haryana	15.33	46.84	24.13
23.	Karnataka	80.12	143.20	143.78
24.	Kerala	47.12	67.67	83.05
25.	Maharashtra	246.61	495.04	168.86
26.	Punjab	11.38	54.82	66.76
27.	Tamil Nadu	62.91	224.69	270.75
28.	West Bengal	216.24	189.52	128.67
SUB TOTAL		753.35	1691.68	1122.95
<b>D. Small States/UTs</b>				
29.	Andaman and Nicobar Island	3.77	2.72	0.00
30.	Chandigarh	0.60	0.00	0.00
31.	Dadra and Nagar Haveli	0.43	0.00	0.00
32.	Daman and Diu	0.00	0.04	0.03
33.	Delhi	37.47	29.91	41.52
34.	Lakshadweep	0.00	0.00	0.00
35.	Puducherry	0.67	0.53	0.03
SUB TOTAL		42.94	33.19	41.59
GRAND TOTAL		1604.04	4242.45	2737.41

*Note* : The States PIP approvals for the FY -2014-15 are under process of finalisation.  
SPIP- State Programme Implementation Plan.

### **Increase in neonatal fatality rate**

2881. SHRI Y.S. CHOWDARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that neonatal fatality rate has been increasing across the country;

- (b) if so, the details thereof and the reasons therefor;
- (c) whether the World Health Organisation has fixed any target by 2020 for our country;
- (d) if so, the details of target achieved; and
- (e) the steps taken or being taken by Government to combat neonatal fatality rate?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) No, Neonatal mortality rate (NMR) has declined from 36 per thousand live births in 2007 to 29 per thousand live births in 2012.

The major causes of neonatal deaths are Infections (31%) such as Pneumonia, Septicemia and Umbilical Cord infection; Prematurity (35%) *i.e.* birth of newborn before 37 weeks of gestation and Birth Asphyxia (19%) *i.e.* inability to breathe immediately after birth.

(c) and (d) No, there is no country specific target fixed by WHO for the country. However, as per Every Newborn Action Plan by WHO, the goal for all countries will be to reach the target of less than 10 newborn deaths per 1000 live births by 2035 and continue to reduce death and disability.

(e) The following interventions under RMNCH+A Strategic approach of National Health Mission (NHM) are being implemented to reduce neonatal mortality:

1. Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
2. To tackle the problem of anaemia due to malaria particularly in pregnant women, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
3. Name Based Tracking of Pregnant Women to ensure complete antenatal, intranatal, postnatal care and children up to 2 years of age for completing immunization as per UIP schedule.
4. Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24x7) for round the clock maternal care services.
5. Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is key to reducing both maternal and neo-natal mortality.

6. Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place; Special New Born Care Units (SNCUs) and New Born Stabilization Units (NBSUs) are also being set up at appropriate facilities for the care of sick newborn including preterm babies.
7. Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies
8. Integrated Management of Neo-natal and Childhood Illness (IMNCI) is being implemented through skill building of ANMs, nurses and doctors for early diagnosis and case management of common ailments such as Acute Respiratory Infection, Diarrhoea, fever etc. in children.
9. Universal Immunization Programme covers about 13.5 crore children for vaccination against seven vaccine preventable diseases, through 90 lakh immunization sessions each year.
10. Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential new born care.
11. To overcome the shortage of specialists, capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills particularly in rural areas.
12. Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
13. Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.
14. As breastfeeding reduces infant mortality, early initiation and 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.
15. To sharpen the focus on vulnerable and marginalized populations in underserved areas, 184 High Priority Districts have been identified for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.