

Sl.No.	State/UT	2015-16	2016-17	2017-18	2018-19*
14.	Himachal Pradesh	49.55	-	89.7198	25.0
15.	Jammu and Kashmir	366.54	15.6225	262.9073	168.27
16.	Jharkhand	39.83	-	-	-
17.	Karnataka	41.48	-	32.505	73.91
18.	Kerala	44.79	-	6.11417	-
19.	Madhya Pradesh	109.14	22.7497	101.29506	124.5
20.	Maharashtra	370.88	-	295.3895	-
21.	Manipur	8.72	-	44.9501	-
22.	Meghalaya	43.24	16.225	17.12517	-
23.	Mizoram	44.79	-	32.5	25.0
24.	Nagaland	8.45	24.0475	23.3	100.0
25.	Odisha	26.65	-	31.79516	-
26.	Puducherry	18.15	-	28.1135	-
27.	Punjab	385.26	-	510.99465	-
28.	Rajasthan	357.47	36.0887	245.6982	48.39
29.	Sikkim	44.79	32.505	42.0875	-
30.	Tamil Nadu	23.04	-	30.88	99.56
31.	Telangana	44.79	-	11.32149	-
32.	Tripura	44.79	-	-	-
33.	Uttar Pradesh	429.73	-	601.755	200.0
34.	Uttarakhand	133.5	-	101.81755	-
35.	Lakshadweep	-	-	27.555	-
TOTAL		3908.71	290.0709	3318.41592	943.84

*As on 6th August, 2018.

Steps to prevent the death of children

2710. SHRI K.T.S. TULSI: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state the details of the steps taken by Government to prevent the death of children on account of treatable diseases in the country during the last three years?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): As per information received from the Ministry of Health and Family Welfare, various programmes and schemes under National Health Mission being implemented by States/UTs to reduce child mortality and improve nutritional status among children are as under:—

1. 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 ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
2. Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishing Maternal and Child Health (MCH) Wings in high caseload facilities to improve the quality of care provided to mothers and children, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies.
3. Home Based Newborn Care (HBNC) is provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Stillbirth Rate”, by 2030.
4. Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development.
5. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.
6. Mothers’ Absolute Affection (MAA) programme for improving breastfeeding practices (Initial Breastfeeding within one hour, exclusive breastfeeding up to six months and complementary feeding up to two years through mass media campaigns and capacity building of health care providers in health facilities as well as in communities.
7. Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. “Mission Indradhanush” and “Intensified Mission Indradhanush” was launched

to fully immunize children who are either unvaccinated or partially vaccinated. Measles-Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020.

8. Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete ante-natal, intra-natal and post-natal care and complete immunization as per schedule.
9. Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
10. Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition admitted with medical complications. In addition; the mothers are also imparted skills on child care and feeding practices so that the child continues to receive adequate care at home.
11. Health and nutrition education through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) to promote healthy practices and create awareness to generate demand and improve service uptake.
12. Various trainings are being conducted to build and upgrade the skills of healthcare providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential new-born care.

Convergence of AWCs with MGNREGS

2711. DR. SASIKALA PUSHPA RAMASWAMY: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether Government's decision to construct Anganwadi Centres (AWCs) in convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) proved to be an impetus in Government's endeavour to construct more and more AWCs across the country including Tamil Nadu;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) and (b) For construction of Anganwadi Centre