

- Strategic Health Operations Centre (SHOC) facility of NCDC was activated to monitor the AES situation in Muzaffarpur and co-ordinate tasks at the field level.
- MoHFW had further deputed 5 teams of Doctors along with technicians from Central Government Hospitals to SKMCH to support clinical management.
- Central team consisting experts from Indian Council of Medical Research (ICMR) was also deployed at SKMCH. The team is also scrutinising and reviewing the case records of discharge and deceased patients using a standardised tool to know the reasons for mortality.
- Orientation training of all Paediatricians of SKMCH on clinical case management and treatment protocol of AES was conducted on regular basis by the Central Team of paediatricians.

**Neonatal mortality and stillbirth rates**

1846. SHRI V. VIJAYASAI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) in what manner Ministry looks at death of 70 lakh girls in every decade in the country due to sex-selective abortions, neglect, etc.;

(b) whether the New Born Action Plan 2014 has little impact and if so, in what way Ministry is going to achieve single digit neonatal mortality and stillbirth rates by 2030; and

(c) in what manner Ministry is planning to re-strategise its approach toward saving girl child in view of the above?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Declining Child Sex ratio reflects the magnitude of discriminatory practices against the girl child. Deeply entrenched practices of son preference, decline in fertility and misuse of technology are contributing to this problem in the country. In view of the same, Government has adopted a multi-pronged strategy including enactment of legislation (PC & PNDT Act), Beti Bachao Beti Padhao (BBBP) Scheme to build a positive environment for the girl child etc.

(b) 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. As per Sample Registration System (SRS)

report of Registrar General of India (RGI), the Neo-natal Mortality Rate of India has decreased from 26 per 1000 live births in 2014 to 24 per 1000 live births in 2016.

Various schemes under National Health Mission are being implemented by States/UTs to reduce neonatal mortality are given in Statement (*See below*).

(c) For addressing the concerned issues, the Government of India is effectively implementing the law and has also taken following initiatives:—

- Regular monitoring through inspection
- Review, capacity building of implementing officers and judicial officers
- Creating awareness generation and taking advocacy measures to build a positive environment for the girl child
- Setting up a Nodal Agency in 2016 to regulate and remove the e-advertisements on internet relating to sex selection
- Rendering financial support to the States/UTs for strengthening implementation
- Efforts have also been taken to accelerate convergence with schemes like Beti Bachao Beti Padhao (BBBP).

BBBP scheme aims to change mindsets to value girl child, prevent gender biased sex selective elimination, ensure survival and protection of the girl child and to ensure education and participation of the girl child through coordinated and convergent efforts. BBBP scheme is now been extended to PAN India.

#### ***Statement***

##### *Schemes being implemented by States/UTs under National Health Mission to reduce neonatal mortality*

- (1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women (PW) 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, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for

care of sick and small babies. Comprehensive Lactation Management Centres (CLMCs) at facilities with SNCU and Lactation Management Units (LMUs) at Sub-district level are made functional to ensure availability of Human Milk for feeding small new-borns. Home Based Newborn Care (HBNC) and Home Based Care of Young Children (HBYC) are being provided by ASHAs to improve child rearing practices.

- (3) 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. 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. 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.
- (4) Universal Immunization Programme (UIP) is being supported 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. "Mission Indradhanush and Intensified Mission Indradhanush" was launched to immunize children who are either unvaccinated or partially vaccinated *i.e.* those that have not been covered during the rounds of routine immunization for various reasons.
- (5) LaQshya a Labour Room quality improvement programme is being implemented in over 2100 health facilities across the country including medical colleges.
- (6) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is being implemented to provide fixed-day assured, comprehensive and quality antenatal care universally to all PW on the 9th of every month.
- (7) Universal screening of pregnant women including anaemic PW is carried out at all public health facilities. 180 iron and folic acid (IFA) tablets are given in the ante natal and 180 IFA tablets are given in the post-natal period to all pregnant women. Of these who are found to be clinically anaemic, are given double doses tablets as a part of treatment regimen.

- (8) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (9) 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.
- (10) Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups and home visits by ASHAs to promote exclusive breast feeding. To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are distributed in endemic areas.
- (11) Dietary counseling to pregnant women is provided during ante-natal visits through the existing network of sub-centres and primary health centres and other health facilities as well as through outreach activities at Village Health Sanitation and Nutrition Days (VHNDs).
- (12) Various trainings are being conducted 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.

#### **Awareness of Menstrual Hygiene**

1847. DR. VIKAS MAHATME: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is proposal for any scheme for creating awareness about menstrual hygiene and distribution of free sanitary napkins in the rural areas; and

(b) whether there is any proposal for regulation of price of sanitary napkins to increase access to more women and details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes. The Government of India is supporting States/UTs for the implementation of Menstrual Hygiene Scheme for Adolescent Girls (aged 10-19) as per proposal received from the States/UTs in their Program Implementation Plans.

The scheme encompasses the following:—

- Increasing awareness among adolescent girls on menstrual hygiene