

1	2	3	4	5	6
Himachal Pradesh	9716	9842	12847	8155	40560
Jammu and Kashmir	11825	17869	15617	10845	56156
Jharkhand	19986	26643	25922	20872	93423
Karnataka	39455	53269	58617	46655	197996
Kerala	15810	21633	23633	17484	78560
Lakshadweep	30	109	111	46	296
Madhya Pradesh	49590	71601	76336	58396	255923
Maharashtra	209231	220911	209561	146466	786169
Manipur	4778	6285	5814	3902	20779
Meghalaya	4242	4588	4620	3345	16795
Mizoram	1200	1424	1326	1001	4951
Nagaland	2956	2879	2543	1378	9756
Odisha	55582	59403	63391	46056	224432
Puducherry	1346	2442	2297	1339	7424
Punjab	24040	40214	42768	32450	139472
Rajasthan	51505	77586	84712	66175	279978
Sikkim	586	426	376	239	1627
Tamil Nadu	60359	99336	112431	82670	354796
Telangana	6481	7862	8154	5062	27559
Tripura	3216	3896	3558	2597	13267
Uttar Pradesh	51419	72925	76856	51231	252431
Uttarakhand	7811	7754	8256	5807	29628
West Bengal	86874	133825	137868	94822	453389

Source: HMIS report

Experts' report on infant deaths at Kota, Rajasthan

278. SHRI SUSHIL KUMAR GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a high-level team comprising experts from AHMS, Jodhpur, and other experts were sent to a Government hospital in Kota, Rajasthan where more than 100 infants died in December, 2019;

(b) if so, what are the details about the Report submitted by these experts; and

(c) whether Government has any plan to assess the infrastructural gaps and measures to be taken to prevent further infant deaths in Government hospitals throughout the country and details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes, a central team comprising of experts from AIIMS, Jodhpur and the Ministry of Health and Family Welfare was deputed to visit J.K. Lone Hospital and Medical College in Kota district of Rajasthan following the reports of deaths of children in the month of December 2019.

(b)

- As per report submitted by central team out of 100 deaths reported in J.K. Lone Hospital, 70 deaths were in Neonatal Intensive Care Unit (NICU) and 30 deaths in Paediatric Intensive Care Unit (PICU)/Paediatric ward. Majority of neonates who died were low birth weight and 63% died in less than 24 hours of admission. Majority of the death cases were referred cases from district hospital Bundi and district hospital Baran.
- The bed occupancy rate of NICU was 125 % and PICU is 186 % resulting in sharing of beds.
- Bed nurse ratio for NICU and PICU was 10:1 and 6:1 respectively against the norm of 2:1.
- Many of the equipments in the hospital were non-functional and there was no equipment maintenance policy.
- The team recommended strengthening of infrastructure, adequate manpower and use of standard clinical protocol besides strengthening primary and secondary health care services at sub district level.

(c) Health is a State subject and primary responsibility for addressing the infrastructural gaps rests with the state.

However, under the National Health Mission, assessment of infrastructural gap in secondary and primary health facilities in States/UTs is undertaken through regular field visits including common review mission.

The Government of India is implementing Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission to prevent infant deaths in the country. The various intervention under RMNCHA+N strategy are as below:

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 delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age. Pradhan Mantri Matru Vandana Yojana (PMMVY) is another maternity benefit programme under which cash incentive is provided to pregnant women and lactating mothers.
2. Maternal and Child Health (MCH) Wings established at high caseload facilities to improve the quality of care provided to mothers and children and Operationalization of Obstetric ICU/HDU in a high case load tertiary care facilities across country to handle complicated pregnancies.
3. Strengthening essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Maternal Newborn Care Units (MNCU) for care of sick and small babies.
4. Home Based Newborn Care (HBNC) and Home Based Care of Young Children (HBYC) by ASHAs to improve child rearing practices and to identify sick newborn.
5. Nutrition Rehabilitation Centres (NRCs) have been set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
6. Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative for reduction of Childhood morbidity and mortality due to Pneumonia with strengthening of facility based management.
7. Capacity building of health care providers is regularly done to build and upgrade the skills in basic and comprehensive obstetric care of mother during pregnancy, delivery and for essential newborn care.