

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

STARRED QUESTION NO:111
ANSWERED ON:05.03.2008
MALNOURISHED URBAN CHILDREN
Chakraborty Shri Swadesh

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

- (a) whether the Government is aware that nearly 57 per cent of children under 3 years of age among the urban poor are malnourished;
- (b) if so, the details available with the Government on this aspect;
- (c) whether the urban health-infrastructure which should focus on this problem area is highly inadequate; and
- (d) if so, the details thereof and the special strategy formulated to address this issue?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a) to (d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 111 FOR 5TH MARCH, 2008

(a) & (b) The estimated proportion of malnourished children under 3 years of age in the urban area is 30.1 % as per the National Family Health Survey (2005-06). The corresponding proportion for the rural area is 43.7%, giving a national average of 40.4 %.

In addition the survey also reveals that the proportion of malnourished children under 5 years of age in the urban area is 32.7%, rural is 45.6 % and overall is 42.5%. The proportion of malnourished children in the lowest quintile of the wealth index is 56.6 %.

(c) & (d) Malnutrition results from interrelated factors are rooted in poverty, including a lack of access to food, health care, safe water, sanitation services. Poor appropriate feeding and caring practices and lack of access to financial, social and natural capital further exacerbate malnutrition. This is further worsened by social discrimination, lack of education and gender inequality.

Since malnutrition results from interrelated factors cutting across several sectors, the following are the initiatives under different ministries to address malnutrition.

i) Ministry of Women & Child Development is implementing the following to improve the nutritional status of women and children:-

Integrated Child Development Scheme.

The Scheme has been expanded twice in the year 2005 - 06 and 2006 - 07 during the Tenth Five Year plan.

The Government has developed the financial norms for supplementary nutrition from Rs. 1 to /Rs. 2 per day per beneficiary.

A central Monitoring Unit (CMU) has been set up at a National Institute of Public Cooperation and Child Development (NIPCCID) to monitor the scheme through independent profession organization, institution in each State / UT. This would be in addition to the monitoring mechanism in place at present.

A National Level Monitoring Committee has also been constituted under the Chairpersonship of MOS (WCD) to oversee the entire functioning of the Scheme and to ensure that the services are delivered to the target groups in an effective manner and the objectives of the scheme are fulfilled within the overall frame work of the ICDS scheme.

Constant emphasis on States to ensure regular supply of supplementary nutrition as per the schematic norms.

National Programme for Nutritional Support to Primary Education (Mid Day Meal Scheme) [Department of School Education and Literacy]

Nutrition Programme for Adolescent Girls in 51 districts to provide free food grains to undernourished adolescent girls and pregnant and nursing mother.

Nutrition Education and Training Programmes of Food and Nutrition Board.

(ii) Ministry of Health And Family Welfare in order to effectively control the health sector component of malnutrition, the Ministry under its Reproductive and Child Health II is implementing the following.

(i) Infant and young Child feeding components of: -

Early initiation of breast feeding preferably within the first hour of delivery.

Exclusive breast feeding till six months

Timely complementary feeding and continued breast feeding till the age of 2 years. Breastfeeding is the single most preventive intervention for child survival.

(ii) Micronutrient supplementation: - Vit A, Iron and folic Acid and Zinc.

The National Rural Health Mission (NRHM) envisages a holistic approach to health care particularly aimed at reaching the poor and marginalized. The success of NRHM is substantially dependent on effective inter-sectoral coordination and convergence. They include the following:

To promote synergy between health and non health determinants such as nutrition, safe water, sanitation, road linkages to health facilities, and primary school education,

To promote efforts aimed at women's empowerment, and,

To achieve the objectives of the NRHM through community involvement and Panchayati Raj Institutions and Municipal Bodies.

The Ministry as part of its 'systems strengthening' is implementing the Indian Public Health Standards (IPHS) defining personnel, equipment and management standards for strengthening of existing Sub Centres, Primary Health Centres, and Community Health Centres, for improved primary health care throughout the country. IPHS would ensure acceptable standards for quality health care.

Besides the above the Ministry of Health is in the process of drafting 'The National Urban Health Mission' which proposes to address the health concerns of the urban poor through facilitating equitable access to available health facilities by rationalizing and strengthening of the existing capacity of health delivery for improving the health status of the urban poor. The available gaps are planned to be filled up by partnership with non government providers. This will be done in a manner to ensure well identified facilities are set up for each segment of target population which can be accessed as a matter of right.