GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:5880 ANSWERED ON:30.04.2010 DEATHS DUE TO MALNUTRITION Mahajan Smt. Sumitra;Mahto Shri Baidyanath Prasad;Saroj Shri Tufani;Sharma Shri Jagdish

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

(a) whether a large number of children die in the country due to malnutrition;

(b) if so, the facts and the details in this regard for each of the last three years and the current year alongwith the main factors responsible therefor, State-wise;

(c) whether the prevalence of the cases of Tuberculosis is high among the people suffering from malnutrition;

(d) if so, the details thereof; and

(e) the corrective steps taken by the Government in this regard?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a): As per the report on causes of death in India 2001-2003, published by the office of Registrar General of India, Ministry of Home Affairs in 2009, the commonest causes of childhood mortality in the age group of 0-4 years are prenatal conditions (33%), respiratory infections (22%), diarrheal diseases (14%) and other infectious and parasitic diseases (10.5%)

(b): Does not arise.

(c) & (d): Tuberculosis can affect any person irrespective of age, sex, socio-economic status and nutritional status. However various studies conducted on risk factor attributable to prevalence of tuberculosis have revealed that cases of tuberculosis are higher amongst person with malnutrition, immuno-compromised status smokers and those living in crowded poorly ventilated dwellings.

The Revised National TB Control Programme (RNTCP) widely known as DOTS, which is the World Health Organization(WHO) recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the entire country. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients irrespective of cast, creed and socioeconomic status. The outcome of treatment of tuberculosis is independent of nutritional status of the patients.

(e) Government of India has initiated various measures to improve the health & Nutritional status of vulnerable population including children.

1. A National Nutrition Policy has been adopted in 1993 and National Plan of Action for Nutrition (1995) is being implemented through various Departments of Government. The National Nutrition Mission has been set up.

2. Reproductive Child Health Programme under National Rural Health Mission (NRHM) includes:

Emphasis on appropriate Infant and Young Child Feeding

Janani Suraksha Yojana (JSY)

Maternal Health by promoting institutional deliveries, improved coverage and quality of ANC skilled care to pregnant women, Postpartum care at community level.

Immunization

Integrated Management of Neonatal and Childhood Illnesses and malnutrition

Treatment of severe acute malnutrition through Nutrition Rehabilitation Centres (NRCs)

Specific Programme to prevent and combat micronutrient deficiencies of Vitamin A and Iron and Folic Acid through Vitamin A supplementation for children till the age of 5 years and Iron and Folic Acid supplementation for Children upto 10 years, pregnant and lactating women Iron and folic acid syrup has been added in the programme for children 6 to 60 months.

3. National lodine Deficiency Disorders Control Programme (NIDDCP)

4. Nutrition Education to increase the awareness and bring about desired changes in the dietary practices including the promotion of breast feeding and dietary diversification.

5. Integrated Child Development Services Schemes (ICDS) including supplementary nutrition.

6. National Programme of Nutritional support to Primary Education (Mid Day Meal Programme).

7. Improving agricultural and horticultural produce.

8. Improving the purchasing power of the people through various income generating scheme availability of essential food items at subsidized cost through Targeted Public Distribution System.