

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

UNSTARRED QUESTION NO:794
ANSWERED ON:25.02.2011
IMR DUE TO MALNUTRITION
Guddu Shri Premchandra

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

- (a) whether the Infant Mortality Rate (IMR) caused by malnutrition has risen in the country;
- (b) if so, the details thereof including the number of deaths of children occurred due to malnutrition during the last three years and the current year, State-wise including Madhya Pradesh; and
- (c) the steps taken/proposed to deal with the problem of malnutrition?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI DINESH TRVEDI)

(a) No. Malnutrition is not a major cause of death in infants but contributes to mortality and morbidity by reducing resistance to infections. As per data available from Registrar General of India, for the period 2001 -2003, 2% of infant deaths were due to nutritional deficiencies.

As per the Sample Registration System, Registrar General of India , the Infant Mortality Rate has been declining over last three years from 55 per thousand live births (2007) to 50 per thousand live births (2009).

(b) Does not arise.

(c) The Government of India has been implementing several intervention programmes to prevent and control malnutrition among infants and children especially in vulnerable groups. The programmes are as follows:

1. Integrated Child Development Services (ICDS): The scheme is implemented by Ministry of Women and Child Development to improve the nutritional and health status of children in the age-group 0-6 years. Scheme provides nutritional supplementation through take home ration and cooked food, health education, and growth monitoring of children under 6 years of age.
2. Under the Reproductive & Child Health Programme, Ministry of Health & Family Welfare provide micronutrient supplementation in the form of Iron and Folic Acid for prevention and control of anemia, and Vitamin A Syrup and Zinc.
3. Use of Iodised salt is promoted under the National Iodine Deficiency Control Programme.
4. Promotion of infant and young child feeding practices which include exclusive breastfeeding for first six months, introducing age-appropriate and safe complementary foods at six months of age, and continuing breastfeeding for up to two years or beyond, is undertaken by various cadres of health/outreach workers including ASHAs, ANMs and AWWs.
5. Mother and Child Protection cards have recently been introduced both under NRHM and ICDS for regular growth monitoring and will help in detecting growth faltering at an early stage.
6. For management for children with severe malnutrition, Nutrition Rehabilitation Centres (NRCs) are established in states, especially in High Focus Districts.
7. Village Health and Nutrition Days are organized under National Rural Health Mission every month to provide nutritional counseling and preventative health services at the Aanganwadi Centres through ANMs, ASHAs and AWWs.