

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

UNSTARRED QUESTION NO:2037

ANSWERED ON:02.12.2011

DEATH DUE TO MALNUTRITION

Angadi Shri Suresh Chanabasappa;Biju Shri P. K.;Danve Shri Raosaheb Patil;Gandhi Shri Dilip Kumar Mansukhlal

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

- (a) whether a number of children are reported to have died due to malnutrition in the country;
- (b) if so, the details thereof during each of the last three years and the current year, State/UT-wise;
- (c) whether the Government has formulated any monitoring mechanism to check high prevalence of malnutrition among children in the country; and
- (d) if so, the details thereof?

**Answer**

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) & (b) Malnutrition is not a direct cause of death but it can increase morbidity and mortality by reducing the resistance to infections. Data on the number of deaths due to malnutrition in the country is not maintained centrally.

(c) & (d) Malnutrition is a multifaceted, multidimensional and multisectoral problem. The important determinants are inadequate food, level of poverty leading to low purchasing power, poor socio-economic status of women, female illiteracy, high rate of population growth and low access of population to health, education, safe drinking water, sanitation, hygiene and other social services.

Government has taken various measures to improve the health & nutrition status of vulnerable population including children of the country, as follows:

1 Prime Minister's National Council on India's Nutrition Challenges was set up in October, 2008 for policy direction, review & effective coordination between Ministries which will have a sectoral responsibility for the challenge of Nutrition.

2. A National Nutrition Policy has been adopted in 1993 and a National Plan of Action for Nutrition (1995) is being implemented through various Departments of Government.

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

# Emphasis on appropriate infant and young Child feeding,

# Janani Suraksha Yojana (JSY) to promote institutional deliveries for better birth outcomes,

# Navajaat Shishu Suraksha Karyakaram(NSSK),

# Focus on Maternal Health by promoting institutional deliveries improved coverage and quality of ANC skilled care to pregnant women, Post- partum care at community level.

# Immunization of children to prevent them from both morbidity and mortality.

# Integrated Management of Neonatal and Childhood Illness and malnutrition

# Promotion of ORS with zinc supplemsentation for a period of two weeks during the

# diarrhoea management.

# Treatment of severe acute malnutrition through Nutrition rehabilitation Centers (NRCs) set up at public health facilities.

# Specific Programme to prevent and combat micronutrient deficiencies of Vitamin A and Iron & Folic Acid. Vitamin A supplementation for children till the age of 5 years. Iron & Folic Acid syrup to children from the age of 6 months to 5 years. Iron and Folic Acid supplementation of pregnant and lactating mothers also.

4. National Iodine Deficiency Disorders Control Programme (NIDDCP) for promotion of adequately iodated salt consumption at

household level.

5. Nutrition Education to increase the awareness and bring about desired changes in the dietary practices including the promotion of breast feeding and dietary diversification is encouraged under both Integrated Child Development Services Schemes (ICDS) and National Rural Health Mission (NRHM).

(6) Other schemes implemented /initiative taken for improvement of nutritional status are:

# Integrated Child Development Services Schemes (ICDS).

# Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – (SABLA)

# Indira Gandhi Matrutva Sahyog Yojana (IGMSY)

# National Programme of Nutritional Support to Primary Education (Mid Day Meal Programme)

# Improving the purchasing power of the people through various income generating schemes including Mahatma Gandhi National Rural Employment Guarantee Scheme.

# Availability of essential food items at subsidized cost through Targeted Public Distribution System.

(7) The responsibility of implementation of most of the above schemes lies with State Government/UT Administration. Frequent reviews with the State Governments are undertaken along with the monitoring mechanisms which are also inbuilt in various respective programmes. Based on these, advisories and feedbacks are sent to States/UTs for corrective actions by respective programmes of Ministries.