## GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:3889 ANSWERED ON:27.04.2012 UNDERWEIGHT AND ANAEMIC CHILDREN Laguri Shri Yashbant Narayan Singh;Vasava Shri Mansukhbhai D.

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

(a) whether the benefits of the schemesand programmes to treat underweight and anaemic children and problem of chronicweakness among women have neitherreached the tribals and the backwardcommunities and slums and rural areas norhave these schemes been implemented asper the rules; and

(b) the reaction of the Governmentthereto?

## Answer

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

(a) & (b) No.

# The schemes to treat underweight and anaemic children and problem of chronic weakness among women are implemented through National Rural Health Mission (NRHM) and Integrated Child Development Scheme (ICDS) and have a universal coverage across the country. Under NRHM, 264 High Focus districts, most of them having predominant population from tribal and backward communities, receive focussed attention in terms of resources and monitoring support so as to increase the coverage of these key interventions. Similarly multi sectoral programme to address maternal and child nutrition in selected 200 high burden districts has been undertaken by department of women and child development. The mid day meal programme is also being implemented by Government of India in schools.

The following interventions are being carried out under the Reproductive and Child Health Programme of National Rural Health Mission, and funds are being provided each year for carrying out following set of activities:

# Promoting appropriate infant and young child feeding practices through VHNDs.

# Treatment of children with severe acute malnutrition at special units called the Nutrition Rehabilitation Centres (NRCs). Presently 657 such centres are functional all over the country.

# Specific program to prevent and combat micronutrient deficiencies of Vitamin A and Iron & Folic Acid. Vitamin A supplementation for children till the age of 5 years and Iron & Folic Acid supplementation for children 6 to 60 months.

# Management of malnutrition and common neonatal and childhood illnesses at community and facility level by training service providers in IMNCI (Integrated Management of Neonatal and Childhood Illnesses) training.

# Supplementing iodine through National lodine Deficiency Disorders Control Programme

# Treatment of nutritional anaemia among pregnant and lactating women. The steps taken to tackle anaemia in pregnant and lactating women include:

# Universal screening of pregnant women for anaemia is a part of ante-natal care and all pregnant women are provided iron and folic acid tablets during their ante-natal visits. Pregnant women, who are found to be clinically anaemic, are given additional 100 tablets in the dose of two tablets daily.

# States have been asked to identify and trackseverely anaemic cases for their timely management.

# To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

# As malnutrition is considered as intergenerational issue, the Government of India has also started weekly distribution of iron and folic acid (WIFS) tablet to school and out of school adolescents.