

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

UNSTARRED QUESTION NO:4250

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UNDERWEIGHT AND ANAEMIC CHILDREN IN INDIA

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

- (a) whether the rate of underweight and anaemic infants/children in India is the highest in comparison to certain other countries like China and Sub-Saharan African Region;
- (b) if so, the details thereof and the reasons therefor;
- (c) whether the mortality rate of infants and children under the age of 5 years is also higher in India than certain other developing nations;
- (d) if so, the details thereof and the reasons therefor; and
- (e) the corrective steps taken/being taken by the Government in this regard along with the funds allocated/released for the purpose during each of the last three years and current year, State/UT-wise and scheme-wise?

**Answer**

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY)

(a) & (b): As per World Health Statistics report 2012, India stands 2nd rank in the prevalence of underweight children below the age of five years with a rate of 42.5 percent and as per Worldwide Prevalence of Anemia report 1993-2005, India ranks 33rd in prevalence of anemia in children, amongst 55 Asian and Sub Saharan countries with a rate of 69.5 percent.

Reasons for high rates of underweight children are multidimensional viz. malnourished and anaemic mothers, limited access to adequate diet, prematurity, insufficient knowledge of optimal feeding practices. Higher rates of anemia are due to poor availability of iron in diet and its limited absorption.

(c) & (d): As per World Health Statistics report 2012, India stands at 47th rank in the world on Infant Mortality Rate (IMR) and as per the State of the World's Children report 2012 from UNICEF, India ranks 46th out of 197 countries in descending order of under five mortality rate. The various reasons of under five deaths as per Registrar General of India, 2001-03 are as:

(i) Diarrhoeal disease (24%), Respiratory infections(23%), Other infections& parasitic diseases (16%), Unintentional injuries: other (8%), malaria (7%), nutritional deficiencies (4.8%), Symptoms, signs and ill-defined conditions (4.5%), Fever of unknown origin (3%), Digestive Diseases (1.7%), and Congenital anomalies (1.5%).

(ii) The various factors contributing to above causes are home delivery by unskilled persons, lack of essential new born care for asphyxia and hypothermia, poor child care practices, lack of early detection of sickness, inadequate/delayed referral mechanisms, inadequate infrastructure at health care facilities for specialized care of sick newborn and children, high levels of malnutrition among children etc.

(e): The following interventions are implemented to reduce the mortality and morbidity of children in the country:

1. Promotion of Institutional Delivery through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK): Promoting Institutional delivery to ensure skilled birth attendance is a key to reducing both maternal and neo-natal mortality. JSY incentivizes pregnant women to opt for institutional delivery and provides for cash assistance. JSSK entitles all pregnant women to absolutely free and zero expense delivery including caesarean section operation in Government health facilities and provides for free to and fro transport, food, drugs and diagnostics. Similar entitlements have also been put in place for sick neonates. This scheme has now been extended to cover all infants in the country.

2. Strengthening Facility based newborn care: Newborn care corners (NBCC) are set up at all health facilities where deliveries take place to provide essential newborn care at birth to all new born babies; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are set up for the care of sick newborn. As on date 401 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.

3. Home Based Newborn Care (HBNC): Home based newborn care through ASHA has recently been initiated to improve new born

care practices at the community level and for early detection and referral of sick new born babies. The schedule of home visits by ASHA consists of at least 6 visits in case of institutional deliveries, on days 3, 7, 14, 21, 28 & 42nd days and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits will be made for babies who are pre-term, low birth weight or ill.

4. Capacity building of health care providers: Various trainings are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of doctors, nurses and ANM for early diagnosis and case management of common ailments of children and care of newborn at time of birth. These trainings include Integrated Management of Neo- natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakram (NSSK). A total of 5.8 lakh health care workers have been trained in IMNCI in 505 districts and 89,962 health workers trained in NSSK so far.

5. Management of Malnutrition: The Government is implementing the Integrated Child Development Scheme (ICDS) programme through Ministry of Women and Child Development with the aim to reduce malnutrition and anaemia among women and children. Besides this 605 Nutritional Rehabilitation Centres have been established for management of Severe Acute Malnutrition (SAM). Iron and Folic Acid is also provided to children for prevention of anaemia. Recently, weekly Iron and Folic Acid supplementation has been initiated for adolescent population. As breastfeeding reduces infant mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices is promoted in convergence with Ministry of Woman and Child Development.

6. Village Health and Nutrition Days (VHNDs) are also organized for imparting nutritional counseling to mothers and to improve child care practices.

7. Universal Immunization Program (UIP): Vaccination against seven diseases is provided to all children under UIP. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs. UIP targets to immunize 2.7 crore infants against seven vaccine preventable diseases every year. 21 states with more than 80% coverage have incorporated second dose of Measles in their immunization program. Pentavalent vaccine has been introduced in eight State/UTs. Year 2012-13 has been declared as 'Year of intensification of Routine Immunization'. India has achieved a historic milestone by remaining polio free for two full years now. WHO has taken India off the list of polio endemic countries.

8. Mother and Child Tracking System: A name based Mother and Child Tracking System has been put in place which is web based to enable tracking of all pregnant women and newborns so as to monitor and ensure that complete services are provided to them. States are encouraged to send SMS alerts to beneficiaries reminding them of the dates on which services are due and generate beneficiary-wise due list of services with due dates for ANMs on a weekly basis. Recently, a new initiative "Rashtriya Bal Swasthya Karyakram" has been launched under National Rural Health Mission with the objective to improve survival, development and quality of life of children in the age group of 0 to 18 years through early detection of Defects at birth, Diseases, Deficiencies, Development Delays including Disability and follow-up for appropriate management and treatment.

The details of funds allocated, released and utilized during last three years under RCH program State/UT-wise are enclosed (Annexure).