

Malnourishment among children

766. SHRI T. M. SELVAGANAPATHI: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that inspite of various efforts taken by Government, a considerable percentage of children in the country remains malnourished;

(b) if so, the reasons therefor;

(c) whether it is also a fact that the malnourishment has been noticed in highly affluent section also; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH): (a) to (d) As per the last National Family Health Survey (NFHS-3), in 2005-06, 42.5% children under 5 years are underweight.

The problem of malnutrition is multi-dimensional and inter-generational in nature, the determinants of which include household food insecurity, illiteracy and lack of awareness especially in women, access to health services, availability of safe drinking water, sanitation and proper environmental conditions and adequate purchasing power etc. Besides, early age at marriage of girls, teenage pregnancies resulting in low birth weight of the newborns, poor breast-feeding practices, poor complementary feeding practices, ignorance about nutritional needs of infants and young children in repeated infections, also aggravate the malnutrition amongst children.

Under nutrition is also present in the affluent sections as 19.7% children under 5 years are underweight in the highest wealth Index. Studies indicate considerable prevalence of overweight and obesity in the affluent school children possibly because of decrease in physical activity, sedentary life styles and change in dietary habits.

Malnourished children

767. SHRI T. M. SELVAGANAPATHI: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that the country ranks first among the Common wealth countries as far as malnourished children are concerned;

(b) whether it is also a fact that the malnourished children are more in the country as compared to other developing nations; and

(c) if so, the steps being taken by Government to improve the health of children in the country?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH): (a) to (c) As per the last National Family Health Survey (NFHS-3), in 2005-06, 42.5% children under 5 years are underweight, 48.0% are stunted and 69.5% (children 6-59 months) are anemic.

The problem of malnutrition is multi-dimensional and inter-generational in nature, the determinants of which include household food insecurity, illiteracy and lack of awareness especially in women, access to health services, availability of safe drinking water, sanitation and proper environmental conditions and adequate purchasing power etc. Besides, early age at marriage of girls, teenage pregnancies resulting in low birth weight of the newborns, poor breast-feeding practices, poor complementary feeding practices, ignorance about nutritional needs of infants and young children and repeated infections, also aggravate the malnutrition amongst children.

The Government accords high priority to the overall issue of malnutrition, particularly, in respect of children, adolescent girls and women and has been implementing several schemes/programmes of different Ministries/Departments through State Governments/UTs. The interventions to address nutrition challenges in India mainly stem from the National Nutrition Policy and the National Plan of Action on Nutrition which envisage direct and indirect interventions. Some of the programmes/schemes which impact the nutritional status are:—

- (i) The Integrated Child Development Services (ICDS) Scheme provides a package of six services namely supplementary nutrition, pre-school non-formal education, nutrition and health education, immunization, health check-up and referral services for women and children. Three of the services namely immunization, health check-up and referral services are delivered through the public health system of Ministry of Health and family welfare.
- (ii) National Rural Health Mission (NRHM) has interventions such as the Reproductive and Child Health Programme which include Janani Suraksha Yojana (JSY) to promote institutional deliveries, immunization, specific programmes to prevent and combat micronutrient deficiencies including Iron and Folic Acid supplementation etc. the National Iodine Deficiency Disorders Control programme focuses on consumption of iodized salt to prevent iodine deficiency.
- (iii) The recently introduced Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG), namely SABLA would provide a package of services including health and nutrition to adolescent girls in the age group of 11-14 years for out of school girls and 15-18 years for all girls for nutrition in 200 districts as a pilot.
- (iv) A new scheme, the Indira Gandhi Matritva Sahyog Yojana (IGMSY) - The CMB Scheme would provide a better enabling environment for improved health and nutrition to pregnant and lactating mothers and support for providing early and exclusive breast feeding for the first six months of life on pilot basis in 52 districts initially.
- (v) The Mid Day Meal in School by Department of School Education and Literacy has a provision for providing meals to children studying in class I to VIII in Government, Government aided, local body school etc.

- (vi) Availability of essential food items at subsidized cost through Targeted Public Distribution System, Antodaya Anna Yojana.
- (vii) Provision for safe drinking water supply and sanitation under the Total Sanitation Campaign.
- (viii) Employment and income generation schemes such as Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS), National Rural Livelihood Mission.
- (ix) Other schemes such as the National Agriculture Development Programme, National Horticulture Mission etc.

Several of the schemes namely, ICDS, NRHM, Mid Day meal (MDM), National Rural Livelihood Mission have been expanded to provide for increased coverage and improved services to the people which would further improve the nutrition situation.

Eligibility of migrant workers to nearby ICDS centres

768. SHRI P. RAJEEVE: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether Government has issued any instructions that the children of all migrant workers would be automatically eligible to the nearby ICDS centres without any further paper work;
- (b) if so, the details in this regard;
- (c) whether Government in all cases matched the allocation of State Governments for Supplementary Nutrition Programme;
- (d) if so, the details of allocations made by State Governments and the Central Governments contribution for 2007-08, 2008-09 and 2009-10; and
- (e) whether the State Governments allocated Re. 1 per child per day for 300 days sufficient to cover all the enrolled beneficiaries of ICDS?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH): (a) and (b) Under the Integrated Child Development Services (ICDS) Scheme, there are population norms for setting up of Projects/Anganwadi Centres (AWCs)/Mini-Anganwadi Centres (Mini-AWCs) which provide for coverage of all habitations including SC/ST/Minority habitations across the country. The population norms are as under:—

Anganwadi Centres (AWCs) for Rural/Urban Projects Population

400-800	—	1AWC
800-1600	—	2AWCs
1600-2400	—	3AWCs