

**श्री अली अनवर अंसारी:** प्रधान मंत्री जी बताएं कि सरकार क्यों पीछे हटी? ...(व्यवधान)...

MR. CHAIRMAN: Please sit down. I want to put a question to the House. Is it the wish of Members that for one reason or the other, the rights of other Members in the Question Hour are to be dispensed with? If so, that is a different matter. Then we will have a meeting and take certain decisions on this because this cannot go on. ...(*Interruptions*)...

**श्री शिवानन्द तिवारी:** सभापति महोदय, यह संसद का ही सवाल है। ...(व्यवधान)... रामलीला मैदान में जिस तरह से स्लोगन दिया गया कि सांसदों को घेरो ...(व्यवधान)...

MR. CHAIRMAN: The House is adjourned till 12 o'clock.

The House then adjourned at seven minutes past eleven of the clock.

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The House re-assembled at twelve o'clock

(MR. DEPUTY CHAIRMAN in the Chair)

## WRITTEN ANSWERS TO THE STARRED QUESTIONS

### Death of the children due to malnutrition

\*321 SHRIMATI SHOBHANA BHARTIA: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether it is a fact that 2500-3000 children die due to malnutrition in India every day;
- (b) if so the reasons therefor;
- (c) the concrete measures that have been taken to counter the same, especially in terms of consolidating the ICDS (Integrated Child Development Services) Scheme; and
- (d) the details of specific steps taken to complete the targets of the 11th plan set for the Scheme?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH): (a) to (d) Data on the number of deaths due to malnutrition in the country is not maintained centrally. However, as per the survey on 'Causes of Death - 2001-03 in India' by Registrar General of India, nutritional deficiencies are responsible for only 2.8% death of

children aged 0-4 years and 1.8% in the age group 5-14 years. Some of the major causes of death of children below 4 years are perinatal conditions (33%), respiratory infections (22%), diarrheal diseases (14%), other infections and parasitic diseases (11%), accounting for 80% of the deaths in this age group. Malnutrition is not a direct cause of death but contributes to increased morbidity and mortality by reducing resistance to infections.

The problem of malnutrition is complex, multi-dimensional and inter-generational in nature. The approach to dealing with the nutrition challenges has been two pronged: Multi-sectoral approach for accelerated action on the determinants of malnutrition in targeting nutrition in schemes/programmes of all the sectors. As the multi-sectoral approach takes some time to show results and when implemented together, have a trickle down and horizontal effect to benefit the population over a period of time, other part of the approach is direct and specific interventions targeted towards the vulnerable groups such as children below 6 years, adolescent girls, pregnant and lactating mothers.

The Government has accorded priority to the issue of malnutrition and is implementing several schemes/programmes of different Ministries/Departments through State Governments/UT Administrations. These programmes include the Integrated Child Development Services (ICDS) Scheme, National Rural Health Mission (NRHM), Mid Day Meal Scheme, Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG) namely SABLA, Indira Gandhi Matritva Sahyog Yojna (IGMSY) as Direct targeted interventions. Besides, indirect Multi-sectoral interventions include Targeted Public Distribution System (TPDS), National Horticulture Mission, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Total Sanitation Campaign, National Rural Drinking Water Programme etc. All these schemes have potential to address one or other aspect of Nutrition. Along with the new schemes/programmes, several existing schemes/programmes have been expanded/universalized just before or during the Eleventh Five year Plan. Hence, the results are likely to be visible after some time. A list of some of the major schemes based on the life cycle approach which have been expanded and made universal in coverage are given in the Statement (See below).

In order to make the implementation of ICDS Scheme universal in all habitations, Government approved 14 lakh AWCs with special focus on SC/ST and Minority habitations. Besides, cost norms

and nutritional norms, training norms have also been revised during the 11th Five Year Plan. Further, a 5-tier monitoring and review mechanism has been introduced at the National, State, District, Block and Anganwadi levels. There are 13.67 lakh sanctioned AWCs, and 12.66 lakh AWCs/Mini AWCs operational benefitting 7.84 crore children (6 months to 6 years) and 1.79 crore pregnant and lactating mothers and children under 6 for supplementary nutrition and 3.69 crore children of 3 - 6 years for pre-school non-formal education as on 30.06.2011. The outlay allocated for ICDS has increased from Rs. 10,391 Crores in 10th Five Year Plan to Rs. 44,400 Crore in the 11th Five Year Plan. Rs. 32,093.91 crore have been spent upto first Quarter of the current financial year in the Eleventh Five Year Plan.

Two new schemes, Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG), namely, SABALA would provide a package of services including health and nutrition to adolescent girls in the age 11-18 years in 200 districts on pilot basis and the Indira Gandhi Matritva Sahyog Yojna (IGMSY) which would provide better enabling environment for improved health and nutrition to pregnant and nursing mothers in select 52 district as a pilot, are also operating using ICDS infrastructure and system. The above mentioned measures are some of the concrete steps taken in terms of consolidating the ICDS.

Further, some of the recent decisions by the Government to improve the nutrition situation have been to (i) strengthen and restructure ICDS with special focus on pregnant and lactating mothers and children under three (ii) prepare a multi-sectoral programme to address the maternal and child malnutrition in selected 200 high-burden districts (iii) launch a nationwide information, education and communication campaign against malnutrition and (iv) bring strong nutrition focus in programmes in sectors like health, drinking water supply and sanitation, school education, agriculture, food and public distribution.

As per the National Family Health Survey-3 (NFHS-3), prevalence of underweight has declined from 42.7% in 1988-99 (NFHS-2) to 40.4% in 2005-06 (NFHS-3) for children below 3 years of age. With the present focus on nutrition and the cumulative effect of various schemes including new schemes, the malnutrition levels are expected to decline in the next survey as and when it is undertaken.

**Statement**

*Schemes based on the life cycle approach*

Beneficiaries	Schemes	Year of Expansion/ Universalisation
1	2	3
Pregnant and Lactating Mothers	Integrated Child Development Services (ICDS), Reproductive and Child Health (RCH)-II, National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY), Indira Gandhi Matritva Sahyog Yojana (IGMSY) (52 districts)	NRHM (2005-06) JSY (2006-07) ICDS (2008-09)
Children 0-3 years	ICDS, RCH- II, NRHM, Rajiv Gandhi National Creche Scheme (RGNCS)	RGNCS (2005-06) ICDS (2008-09)
Children 3-6 years	ICDS, RCH- II, NRHM, Rajiv Gandhi National Creche Scheme, Total Sanitation Campaign (TSC), National Rural Drinking Water Programme (NRDWP)	TSC (2008-09)
School going children 6-14 yrs & Adolescent Girls 11-18 years	Mid Day Meals (MDM), Sarva Shiksha Abhiyan Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) in 200 districts, Kishori Shakti Yojna (KSY), Total Sanitation Campaign (TSC), National Rural Drinking Water Programme (NRDWP)	SSA (2002/2005-06) MDM (2008-09) RGSEAG (2010-11) NRDWP (2010)

1	2	3
Adults	Mahatama Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Skill Development Mission, Women Welfare and Support Programme, Adult Literacy Programme, Targeted Public Distribution System, Antodaya Anna Yojana, Rashtriya Krishi Vikas Yojana, Food Security Mission, National Rural Drinking Water Programme and Total Sanitation Campaign, National Horticulture Mission, National Iodine Deficiency Disorders Control Programme (NIDDCP), Nutrition Education and Extension, Bharat Nirman, Rashtriya Swasthya Bima Yojana etc.	NHM (2005-06) MGNREGS (2005-06) NIDDCP (1992) RSBY (2007) Bharat Nirman (2005)

**Automated inspection and certification centres**

\*322. SHRI NAND KUMAR SAI: Will the Minister of ROAD TRANSPORT AND HIGHWAYS be pleased to state:

- (a) whether Government proposes to set up one automated inspection and certification centre for 'in use' vehicles in all the States/UTs during the Twelfth Five Year Plan;
- (b) if so, whether Government has finalized the proposed scheme;
- (c) if so, the details thereof;
- (d) whether one such centre would be sufficient to cater to the requirement of the entire State;
- (e) if so, whether Government has examined this aspect before finalisation of the proposal;
- (f) if so, the details thereof; and