

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e)
There are four vacant posts of Sr. Physiotherapist in Safdarjung Hospital. Out of these, one post is for reserved category.

In accordance with the Recruitment Rules for the above said post, a proposal for holding DPC was referred to UPSC who has made certain observations, for which action has already been initiated by Safdarjung Hospital/Ministry.

Affidavit on deaths of children due to malnutrition

†3031. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the Ministry has decided not to file any affidavit in the Supreme Court in the matter of the number of children who die every year due to starvation;
- (b) if so, the details thereof and the reasons therefor;
- (c) whether it is also a fact that 2438 children die every day due to malnutrition; and
- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) No. As no such occasion has arisen, there is no such direction from Hon'ble Supreme Court to the Ministry of Health & Family Welfare.

(c) and (d) Malnutrition is a multi-faceted, multisectoral and multidimensional issue. It is not a direct cause of death but contributes to mortality and morbidity among children by reducing resistance to infections. Data on the number of deaths due to malnutrition in the country is not maintained centrally.

Malnutrition deaths of children in the country

3032. SHRI B.S. GNANADESIKAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that 2.4 crore children are born each year out of which 17.8 lakh die because of different reasons before they cross the age of five and of these 46 per cent die due to malnutrition in the country; and
- (b) if so, the details thereof and steps taken by Government in this regard?

†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) As per SRS 2009, 17.4 lakh children are estimated to die before the age of 5 years. The various reasons are neonatal deaths (55%), Pneumonia (11%), Diarrhoea (11%), Measles (4%) etc. Malnutrition is a multi-faceted problem and is not a direct cause of death but contributes to mortality and morbidity by reducing resistance to infections. Data on the number of deaths due to malnutrition in the country is not maintained centrally.

(b) The following measures have been taken to improve the health and nutritional status of children:

1. Reproductive Child Health Programme under National Rural Health Mission (NRHM) includes:
 - Emphasis on appropriate Infant and Young Child Feeding.
 - 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, 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 & Folic Acid supplementation to pregnant and lactating women also.
2. National Iodine Deficiency Disorders Control Programme (NIDDCP) is implemented for promotion of consumption of iodated salt at household level.
3. Nutrition Education to increase 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 Scheme (ICDS) and National Rural Health Mission (NRHM).
4. Other schemes targeting improvement of nutritional status are as under:
 - (a) Integrated Child Development Services Schemes (ICDS).
 - (b) Rajiv Gandhi Scheme for Empowerment of Adolescent Girls [RGSEAG] - (SABLA).
 - (c) Indira Gandhi Matritva Sahyog Yojana (IGMSY)
 - (d) National Programme of Nutritional Support to Primary Education (Mid Day Meal Programme)
 - (e) Improving the purchasing power of the people through various income generating schemes including Mahatma Gandhi National Rural Employment Guarantee Scheme.

(f) Availability of essential food items at subsidized cost through Targeted Public Distribution System.

Proposals relating to health from AP

3033. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of proposals relating to health received from the State Government of Andhra Pradesh (AP) during the last three years along with the total number of pending proposals, as on date and the amount involved therein and the amount released against these proposals;

(b) the reasons for their pendency;

(c) whether any time-frame has been set for disposal of these proposals; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Under various programmes of Ministry of Health & Family Welfare, some proposals relating to health were received from the State Government of Andhra Pradesh during the last three years. The details of grants to State Government of Andhra Pradesh (AP) are enclosed are given in Statement (See below).

Few proposals relating to Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy are pending for want of Utilization Certificates (UCs).

Statement

Details of Grants to State Govt. of Andhra Pradesh during 2009-10 to 2011-12

(Rs. in lakh)

Sl. No.	Name of Programme/Scheme	Years		
		2009-10	2010-11	2011-12
1	2	3	4	5
1	Infrastructure Maintenance	23455.12	27859.80	28698.00
2	RCH Flexible Pool	20144.00	22446.00	24770.00