

(b) to (d) In CGHS Wellness Centres generally General Duty Medical Officers (GDMOs), and not Specialists, are posted. However, GDMO possessing a post graduate degree in Paediatrics, is working in the CGHS Wellness Centre Laxmi Nagar to attend Paediatrics patients, if any.

**Rising cases of obesity in urban youths**

2622. SHRI AVINASH PANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the incidence of obesity is increasing among not only middle-aged persons, but also among the youth in urban areas;

(b) if so, whether Government is planning to formulate any policy or guidelines to tackle the increasing incidence of obesity among the urban population and, if so, details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) National Family Health Surveys (NFHS – 1998-99 and 2005-06) has showed marginal increase in the prevalence of obesity in women from 10.6% in 1998-1999 to 12.6% in 2005-06. Studies in Delhi and Chennai have shown increase in overweight and obese among school going children and adolescents.

(b) and (c) While health is a State subject, the Central Government supplements the activities and efforts of the States towards creation of awareness, health education and health promotion.

Government of India in 2010 launched National Programme for Prevention and Control of Cancer Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). The focus of the programme is on awareness generation for behaviour and life-style changes, early diagnosis of persons with high levels of risk factors and their referral to higher facilities for appropriate management.

In the National Monitoring Framework and Action Plan for prevention and control of NCDs (2013-2020), adopted by Government of India, obesity has been identified as an area of intervention.

**Nutritional Rehabilitation Centres**

2623. DR. CHANDAN MITRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in 2007, Government had set up Nutritional Rehabilitation Centres (NRCs) across the country to fight malnourishment among children;

(b) if so, the number of NRCs functional at present along with the number of children admitted and discharged on being declared healthy, State-wise;

(c) whether the performance of these NRCs is not satisfactory in certain States as per a recent study, if so, the details thereof along with the reasons therefor; and

(d) the steps taken by Government to increase the number of NRCs and equip them with modern equipment in order to deal with the problem of malnourishment that kills million of children in the country every year?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Nutrition Rehabilitation Centres are being established since 2005 under National Health Mission and currently, there are 875 NRCs functional in 21 States/UTs. The number of children admitted and discharged with target weight gain in last two financial years is as below:

	Admitted	Discharged with target weight gain
2012-13	1,28,431	68,986
2013-14	1,31,249	56,403

State/UT-wise details are given in the Statement (*See below*).

(c) The Government periodically reviews the functioning of NRCs through desk reviews and review of quarterly and annual reports sent, by the States. Field visits are also conducted by Government of India officials to monitor and provide supportive supervision to these NRCs. The major findings are:

- Admission and discharge criteria require stricter enforcement.
- Treatment and nutrition protocols need to be adhered to the standard treatment guidelines, as per the Government of India Guidelines recommendations.
- Quality of care needs to be emphasised and that would require training of Medical Officers and Staff Nurses in Severe Acute Malnutrition (SAM) management and appropriate deployment of nutritionists.
- Need for better linkages between the NRCs and community and the health facilities for improving the referral and follow up of discharged children and linkages with the Anganwadi Centres (AWCs).

(d) Under National Health Mission, the States are provided with one time establishment cost for infrastructure development and procurement of equipment as per Government of India guidelines on “Facility based management of children with Severe Acute Malnutrition (SAM) in children”.

**Statement***State-wise details of performance of NRCs across States and UTs*

Sl. No.	States/UTs	2012-13			2013-14		
		No. of NRCs	Children admitted in NRCs	Children discharged with target weight gain	No. of NRCs	Children admitted in NRCs	Children discharged with target weight gain
1	2	3	4	5	6	7	8
	<b>India</b>	761	128431	68985	875	131249	56403
1.	Bihar	38	17769	12537	38	9414	6711
2.	Chhattisgarh	46	4681	2246	55	7508	2704
3.	Himachal Pradesh				2	45	30
4.	Jammu and Kashmir				1	115	83
5.	Jharkhand	68	6425	3187	67	5637	3499
6.	Madhya Pradesh	286	65125	19201	312	66742	27417
7.	Odisha	32	2076	512	41	5058	2511
8.	Rajasthan	40	6162	3041	40	4872	1939
9.	Uttar Pradesh	22	1580	1014	25	3713	1675
10.	Uttarakhand				3	259	169
11.	Arunachal Pradesh				1	Report not received	
12.	Assam	10	158	139	14	1275	828
13.	Manipur						
14.	Meghalaya				5	192	51
15.	Mizoram						
16.	Nagaland				1	Report not received	
17.	Sikkim						
18.	Tripura						
19.	Andhra Pradesh and Telangana	17	904	368	30	5707	2510
20.	Goa						
21.	Gujarat	109	17503	15891	120	9236	1592

1	2	3	4	5	6	7	8
22. Haryana							
23. Karnataka		47	2360	1786	57	4906	3181
24. Kerala					3	137	
25. Maharashtra		15	1156	9024	15	2546	801
26. Punjab							
27. Tamil Nadu					2	60	30
28. West Bengal		20	2022	NA	31	3614	576
29. A and N Islands							
30. Chandigarh					1	29	4
31. Dadra and Nagar Haveli							
32. Daman and Diu							
33. Delhi		11	510	39		184	92
34. Lakshadweep					11		
35. Puducherry							

#### Vulnerability of population to diseases

†2624. SHRI MEGHRAJ JAIN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether majority of our country's population is vulnerable to various kinds of diseases and whether the causes therefor have been explored;

(b) if so, the details of those causes explored; and

(c) the details of the steps taken by Government to remove the causes?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) In India currently we are facing twin burden of communicable and non-communicable diseases. Numerous factors including changes in life styles, rapid and unplanned urbanization, intra-country migration of population, lack of physical activity, increasing absolute numbers of geriatric population, more awareness regarding diseases and better diagnostic facilities, water storage practices, changing pattern of rain-fall etc. are among the factors impacting the incidence and prevalence of these diseases.

†Original notice of the question was received in Hindi.