

Use of Generic names of drugs: Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs.

MCI has taken step to enhance generic medicine prescription by doctors by issuing circular to all the Deans of Medical Colleges, Directors of Post Graduate Institutes and Presidents of State Medical Councils in this regard.

Stunting in children

3448. SHRI DEVENDER GOUD T.: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Ministry is aware that as per the Report 'Nutrition in India', stunting in children can be reduced through adequate feeding and healthcare;

(b) whether it is a fact that India is losing US \$ 12 billion in GDP due to vitamin and mineral deficiencies;

(c) if so, how the Ministry is planning to address this issue; and

(d) the States which are suffering due to vitamin and mineral deficiencies?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes.

(c) The Government has accorded high priority to the issue of malnutrition in the country and is implementing several schemes/programmes under different Ministries/ Departments through State Governments/UT Administrations, the details being as follows:

- Under multi-sectoral approach for accelerated action on the determinants of malnutrition in targeting nutrition in schemes/programmes of all the sectors. The schemes/programmes include the Integrated Child Development Services (ICDS), National Health Mission (NHM), 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), Swachh Bharat Abhiyan, National Rural Drinking Water Programme etc. All these schemes address one or other aspect of Nutrition.

- The specific interventions targeted towards the vulnerable groups include children below 6 years. The main schemes/programmes of Ministry of Women and Child Development which have a bearing on the nutritional status includes the Integrated Child Development Services (ICDS) Scheme which 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.
- Under National Health Mission of Ministry of Health & FW, the remedial steps taken are as follows:
 - Promotion of appropriate infant and young child feeding practices that include early initiation of breastfeeding, exclusive breastfeeding till 6 months of age and appropriate complementary feeding after 6 months of age.
 - Management of malnutrition and common neonatal and childhood illnesses at community and facility level by training service providers in IMNCI (Integrated Management of Neonatal and Childhood Illnesses) training.
 - Treatment of children with severe acute malnutrition at special units called the Nutrition Rehabilitation Centres (NRCs), set up at public health facilities. Presently 875 such centres are functional all over the country.
 - Specific program to prevent and combat micronutrient deficiencies of Vitamin A and Iron and Folic Acid (IFA) in under-five children, children of 5 to 10 years of age, and adolescents.
 - Village Health and Nutrition Days and Mother and Child Protection Card are the joint initiative of the Ministries of Health and Family welfare and the Ministry of Woman and Child for addressing the nutrition concerns in children, pregnant women and lactating mothers.

(d) As per National Family Health Survey- 3 (2005-06), 69.5 per cent children under five years of age suffer from Anaemia, State-wise prevalence of anaemia and Vitamin A deficiency is given in Statements-I and II respectively (*See below*).

Statement-I

*State-wise percentage of under-five children suffering from Aneamia
(as per National Family Health Survey-3 in 2005-06)*

	India	69.5
1.	Andaman and Nicobar Islands	-
2.	Andhra Pradesh	70.8
3.	Arunachal Pradesh	56.9
4.	Assam	69.6
5.	Bihar	78
6.	Chandigarh	-
7.	Chhattisgarh	71.2
8.	Dadra and Nagar Haveli	-
9.	Daman and Diu	-
10.	Delhi	57
11.	Goa	70.8
12.	Gujarat	69.7
13.	Haryana	72.3
14.	Himachal Pradesh	54.7
15.	Jammu and Kashmir	58.6
16.	Jharkhand	70.3
17.	Karnataka	70.4
18.	Kerala	44.5
19.	Lakshadweep	-
20.	Madhya Pradesh	74.1
21.	Maharashtra	63.4
22.	Manipur	41.1
23.	Meghalaya	64.4
24.	Mizoram	44.2
25.	Nagaland	-

1	2
26. Odisha	65
27. Puducherry	-
28. Punjab	66.4
29. Rajasthan	69.7
30. Sikkim	59.2
31. Tamil Nadu	64.2
32. Tripura	62.9
33. Uttar Pradesh	73.9
34. Uttarakhand	61.4
35. West Bengal	61

Statement-II

Percentage of children in 1-5 years of age having Bitot's spots
(as per NNMB Survey 2011 conducted in 10 States)*

States	NNMB2011 Number of children examined for Bitot's spots	% with Bitot's Spots
Kerala	533	0.0
Tamil Nadu	608	0.0
Karnataka	701	0.6
Andhra Pradesh	791	0.1
Maharashtra	728	0.4
Gujarat	878	0.2
Madhya Pradesh	849	0.2
Odisha	790	0.3
West Bengal	675	0.3
Uttar Pradesh	912	0.7
Pooled	7645	0.3

*Bitot's spot is an indicator for Vitamin A deficiency in children.