

GOVERNMENT OF INDIA
MINISTRY OF WOMEN & CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 4982
TO BE ANSWERED ON 31.03.2023

MALNUTRITION DEATH RATE

4982. SHRIMATI QUEEN OJA:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the infant children of women living below the poverty line die prematurely due to malnutrition mainly on account of poverty and negligence on part of Government machinery;
- (b) if so, the details of the such death rate during the last three years, State-wise;
- (c) the details of the schemes of the Government for the care of women living below the poverty line and also for their children; and
- (d) whether the Government proposes to formulate any of the schemes in this regard and if so, the details thereof?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SMRITI ZUBIN IRANI)

(a) & (b) Malnutrition is not a direct cause of death among children. However, it can increase morbidity and mortality by reducing resistance to infections. The overall under five mortality rate has reduced from 49.7 (NFHS-4) to 41.9 (NFHS-5) deaths per thousand live births. No States have reported any direct deaths due to malnutrition.

(c) & (d) Schemes for care of women including women and children living below poverty line are implemented by the Ministry under three verticals, viz. (1) Saksham Anganwadi & Poshan 2.0 (2) Mission Shakti (3) Mission Vatsalya. The details of these schemes are as under:

- i. **Saksham Anganwadi & Poshan 2.0:** This is a universal, self-selecting scheme. It has been reorganized into 3 primary verticals: (i) Nutrition Support for Children upto the age of 6 years, Adolescent Girls (14-18 years) and Pregnant Women & Lactating Mothers (ii) Early Childhood Care and Education [3-6 years] and (iii) Anganwadi Infrastructure including modern, upgraded Saksham Anganwadis.
- ii. **Mission Shakti:** Mission Shakti comprises of two sub-schemes 'Sambal' and 'Samarthya' for safety and security of women and empowerment of women respectively. The existing schemes of One Stop Centres (OSC), Women Helplines (181-WHL) and Beti Bachao Beti Padhao (BBBP) together with a new component of Nari Adalat have been made part of Sambal sub- scheme; while the schemes of Pradhan Mantri Matru Vandana Yojana (PMMVY), Shakti Sadan (Ujjwala & Swadhar Greh), Working Women Hostel (Sakhi Niwas) and National Creche Scheme (Palna) have been subsumed in 'Samarthya'.

- iii. **Mission Vatsalya:** Under the scheme, support is provided for delivering services for children in need and in difficult circumstances universally across the country; develop context-based solutions for holistic development of children from varied backgrounds. The Child Care Institutions (CCIs) established under the scheme support inter-alia age appropriate education, access to vocational training, recreation, health care, counseling etc. and covers both rural and urban children.

Further, the Government is supporting all States/UTs in implementation of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy as a life cycle approach under National Health Mission (NHM). Interventions/schemes for improving child survival including children living below the poverty line are:

- i. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- ii. **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick newborn and young children in the community.
- iii. **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- iv. **Anaemia Mukht Bharat (AMB) strategy** to strengthen the existing mechanisms and foster newer strategies to tackle anaemia.
- v. **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative is implemented for promoting ORS and Zinc use, for reducing diarrhoeal deaths and associated malnutrition.
- vi. **Social Awareness and Actions to Neutralize Pneumonia Successfully SAANS) initiative** for reduction of Childhood morbidity and mortality due to Pneumonia.
- vii. **Universal Immunization Programme (UIP)** to provide vaccination to children against life threatening diseases.
- viii. **Rashtriya Bal Swasthya Karyakaram RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (Diseases, Deficiencies, Defects and Developmental delay) to improve child survival.
- ix. **Capacity Building:** Capacity building programmes of health care providers are taken up for improving child survival and health outcomes.
- x. **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care in convergence with Ministry of Women and Child Development. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- xi. **Mother and Child Protection Card** is the joint initiative of the Ministry of Health & Family Welfare and the Ministry of Women and Child Development to address the nutrition concerns in children.
