

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 463  
TO BE ANSWERED ON 26<sup>TH</sup> FEBRUARY, 2016**

**CHILD DEATH CAUSED BY DIARRHEA**

**463. SHRI KALIKESH N. SINGH DEO:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has taken cognizance that India has the third highest proportion of child deaths caused by diarrhoea associated with contaminated drinking water in South Asia;
- (b) if so, the details thereof; and
- (c) the action taken by the Government to prevent the same?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)**

(a) & (b): As per the World Health Statistics 2015, 10 percent of under- five child deaths are caused by diarrhoea in India. In comparison to South East Asian countries, India has third highest proportion of child deaths caused by diarrhoea, after Afghanistan (13 percent) and Pakistan (11 percent). Country wise details are annexed.

(c): Under the National Health Mission, Ministry of Health & Family Welfare, the following steps are being taken by the Government for prevention and control of diarrhoea in children:

1. Promotion of early and exclusive breastfeeding along with appropriate complementary feeding, is being undertaken through frontline health workers namely ASHA and ANM at community and facility level.
2. Oral Rehydration Salt (ORS) packets and zinc tablets are made available free of cost.
3. Vitamin A Supplementation programme for children up to of 5 years of age.
4. Awareness is being created amongst mothers on sanitation and hygiene and in the communities about the causes and treatment of diarrhoea through health education.
5. Antibiotics for treatment of dysentery are made available through the public health system.
6. Capacity building of frontline workers and medical officers through the IMNCI (Integrated Management of Neonatal and Childhood Illnesses) and FIMNCI (Facility based Integrated Management of Neonatal and Childhood Illnesses).

7. Use of Mother and Child Protection card for growth monitoring to track children for status of undernutrition and timely intervention during Village Health & Nutrition Days (VHNDs)
8. Surveillance activities to detect outbreaks of Diarrhoea through Integrated Disease Surveillance Programme (IDSP) are also carried out.
9. Intensified Diarrhoea Control Fortnight (IDCF) is being implemented as a campaign in last month of July and first month of August, since 2014, for control of deaths due to Diarrhoea across all States & UTs. It includes massive awareness generation on use of ORS and zinc during diarrhoea, bringing together multiple departments to generate awareness and also reach to each under-five child with one packet of ORS to be used when diarrhoea begins. Main activities include intensification of advocacy activities, awareness generation activities, diarrhoea management service provision, establishing ORS-zinc demonstration sites, ORS distribution by ASHA through home visitation, detection of undernourished children and their treatment, promotion of Infant and Young Child Feeding activities by home visits by ASHA and establishing IYCF corners.
10. State and regional level workshops are being held for in-depth planning and review as per the Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) framework.

Other schemes/programmes which have the potential of diarrhoea control include the Swachh Bharat Abhiyan, Integrated Child Development Services (ICDS), Mid-Day Meal Scheme and Indira Gandhi Matritva Sahyog Yojna (IGMSY) implemented by other Ministries.

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Annexure

**Proportion of under-five deaths caused by diarrhoea in South Est Asian Countries  
(Source: World Health Statistics, 2015)**

<b>Country</b>	<b>% of under- five child deaths caused by diarrhoea</b>
Afghanistan	13
Pakistan	11
India	10
Timor Leste	10
Nepal	7
Bhutan	7
Bangladesh	6
Indonesia	6
Korea	5
Thailand	3
Sri Lanka	2
Maldives	1
Myanmar	1