

Per Capital Nutritive Intake in the Country

3110. SHRIK.P. UNNIKRISHANAN:
SHRI V. SOBHANADREESWARA RAO
VADDE:

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

(a) the average daily requirement of nutrition of an Indian adult (Male and Females separately) and child (1 to 10 year) and their levels of consumption as per latest available figures of 1987-88, 1988-89 and 1990-91;

(b) the per capita protein intake (including animal protein) State-wise as per latest

available figures, as compared to the consumption/nutrition levels and protein intake in the advanced countries;

(c) whether malnutrition cases have increased and consequently consumption levels have gone down during the last five years; and

(d) the steps being taken to increase the average intake and consumption of key nutritive items to solve the problem of malnutrition in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) The average daily requirement of nutrition (Protein and Calories) of Indian adults and children (1.10 yrs) are given below:

	Children (age in year)			Adult (Males)	Adult (Females)
	1-3	4-6	7-9		
Consumption Calories (Kcal)	904	1258	1525	2478	2145
Protein	23.8	33.9	40.4	65.2	57.3
Requirement Calories (Kcal)	1240	1690	1950	2900	2200
Protein	21	29	40	60	50

The consumption figures are based on the results of the repeat surveys conducted by National Nutrition Monitoring Bureau in seven states during 1988-90. The states surveyed are Andhra Pradesh, Kerala, Tamilnadu, Karnataka, Maharashtra, Gujarat

and Madhya Pradesh.

(b) The per capital protein intake (including animal protein) at the state level where National Nutrition Monitoring Bureau has conducted repeat surveys during 1988-90 are as follows:

<i>State</i>	<i>Protein intake Per CU</i>	<i>(G/Day) Per C.Put</i>
Kerala	52.9	45.5
Tamilnadu	45.6	39.2
Karnataka	65.4	56.2
Andhra Pradesh	55.7	47.9
Maharashtra	61.7	53.1
Gujarat	69.3	59.6
Madhya Pradesh	82.5	71.0
Pooled	61.8	53.1
Recommended dietary intake	60.0	51.6

The figures are expressed in terms of per consumption unit as well as per caput basis (Per CAPUT=per CU-x 0.86) These figures are much less than those reported from affluent countries of the west.

(c) According to repeat surveys, malnutrition in terms of clinical status well as anthropometric (weight for age) status of pre-school children have decreased over years.

(d) To improve the average consumption of nutrients in the vulnerable groups, Government of India have initiated a number of programmes.

(i) **Supplementary feeding programme**

under the scheme of Integrated Child Development Services (ICDS), is implemented to fill the critical calorie gap in pre-school children and women during pregnancy and lactation.

(ii) Vitamin A distribution programme to prevent Vitamin A deficiency in pre-school children (1-5 yrs).

(iii) Distribution of Iron and Folic Acid Tablets programme (Anemia Prophylaxis programme):- distribution of Iron and Folic Acid Tablets to pregnant and lactating women and

children upto 10 years and to family planning acceptors.

- (iv) Supply of Iodised Salt to prevent Iodine Deficiency Disorders.
- (v) Supply of foodgrains on subsidised rates to the poor through public distribution system.

Viral Fever

3111. KUMARI VIMLA
VERMA:
SHRI B. DEVARAJAN:
SHRI ARJUN CHARAN
SETHI:

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

(a) whether cases of viral fever are increasing in the country.

(b) if so, whether the Union Government have sought information from the State Government in this regard;

(c) if so, the details thereof State-wise; and

(d) the steps taken or proposed to be taken to eradicate the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) I.C.M.R. study shows that there are indications that the viral fevers are increasing in the country. The studies carried out by National Institute of Virology, Pune have indicated that during the last few years epidemics of Japanese Encephalitis have been reported from areas where it was not existent earlier. Studies carried out by NIV, Pune, CMC, Vellore and S.T.M., Calcutta have indicated that epidemics of dengue haemorrhagic fever and dengue shock

syndrome have been reported in Tamil Nadu, Maharashtra and West Bengal. Cases were also reported from rural areas of western and Southern region indicating the spread of dengue to rural areas also.

(b) to (d). State authority provides the deformation when there is any epidemic of viral fevers. Viral fever is neither a notifiable disease nor it has been included in the National List for tabulation of morbidity and mortality based on 10th Revision of the International classification of diseases, 1979 adopted by Govt. of India. As such no reliable information is available regarding incidence of viral fever. However, state-wise Number of cases of Japanese Encephalitis for the last 3 years is given in the attached statement.

Technically there is no effective mechanism for Chemoprophylaxis and no curative drug (Anti-Viral) is available at present. Further the vaccination has got its own limitations. Since the indigenous vaccine is still under trial the control measures are directed towards vector control against J.E.

Directorate of NMEP is undertaking.

1. Besides routine monthly monitoring of JE, daily monitoring is being done during epidemics.
2. Based on epidemiological trends, advance warnings are given to the States.

Technically guidance and assistance are providing to states through correspondence and periodic visits of NMEP Officers.

Insecticides and spray equipments/fogging machines supplied under NMEP are utilised by the states for containment of outbreak.

N.I.V., Pune, N.I.C.D., Delhi S.T.M.