

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
STARRED QUESTION NO. 162
TO BE ANSWERED ON 21.12.2022

MALNOURISHMENT AND GLOBAL HUNGER INDEX

162 PROF. MANOJ KUMAR JHA:

Will the Minister of Women and Child Development be pleased to state:

- (a) whether Government has taken cognizance of the fact that India ranked 107 out of 121 countries in the Global Hunger Index (GHI) 2022;
- (b) the number of undernourished people in the country, State-wise details thereof;
- (c) the number of malnourished children under the age of five, State-wise details thereof;
- (d) the number of children died in last three years due to malnourishment; and
- (e) whether Government is taking any steps to improve India's ranking in Global Hunger Index to achieve zero hunger by 2030 as per Sustainable Development Goals and if so, the details therefor?

ANSWER

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

(a) to (e) A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO PARTS (A) TO (E) OF RAJYA SABHA STARRED QUESTION NO. 162 BY PROF. MANOJ KUMAR JHA ON 'MALNOURISHMENT AND GLOBAL HUNGER INDEX' TO BE ANSWERED ON 21.12.2022

(a) As per Global Hunger Index 2022 released by Concern Worldwide and Welthungerhilfe, India stands at rank 107 out of 121 countries with a score of 29.1.

Global Hunger Index (GHI) does not reflect India's true picture as it is a flawed measure of 'Hunger'. It should not be taken at face value as it is neither appropriate nor representative of hunger prevalent in a country. Out of its four indicators, only one indicator, i.e., undernourishment, is directly related to hunger. The two indicators, namely, Stunting and Wasting are outcomes of complex interactions of various other factors like sanitation, genetics, environment and utilisation of food intake apart from hunger which is taken as the causative/outcome factor for stunting and wasting in the GHI. Also, there is hardly any evidence that the fourth indicator, namely, child mortality is an outcome of hunger.

(b) and (c) The Ministry of Health and Family Welfare periodically conducts the National Family Health Survey (NFHS) where inter-alia anthropometric data are collected for computation of nutritional status of adults aged 15-49 years and children under 5 years of age. NFHS, whose objective is to provide estimates for maternal and child health indicators, doesn't cover the whole population for anthropometric measurements. Further, being a sample survey, it doesn't provide figures in absolute numbers but in percentages.

The percentage distribution of women and men aged 15-49 years whose Body Mass Index (BMI) is below normal ($BMI < 18.5 \text{ kg/m}^2$) for India and all the States/UTs as per NFHS-5 (2019-21) is at **Annexure-I**.

The details of child malnutrition indicators (stunting, wasting, underweight and overweight) for India and State/UTs as per NFHS-5 (2019-21) is at **Annexure-II**.

(d) Malnutrition is not a direct cause of death among children under five years of age, however, it can increase morbidity and mortality by reducing resistance to infections. Malnourished children are more vulnerable to any infection than normal children. Thus, dis-aggregated data regarding child mortality due to malnutrition is not available. However, as per Sample Registration System (SRS) Statistical Report published by Office of Registrar General of India, Under 5 Mortality Rate (per 1000 live births) has reduced from 35 in 2019 to 32 in 2020.

(e) The Government of India accords high priority to the issue of hunger and has been providing foodgrains at highly subsidized prices to the targeted population through State Government/Union Territory Administrations under National Food Security Act (NFSA), 2013 and Other Welfare Schemes (OWS). NFSA provides for coverage of upto 75% of the rural population and upto 50% of the urban population for receiving foodgrains under Targeted Public Distribution System (TPDS) @ Rs 1/2/3 per kg for coarse grains/wheat/rice respectively. Identification of beneficiaries under the Act is under two categories- households covered under Antyodaya Anna Yojana (AAY) and Priority Households (PHH). AAY households are entitled to receive 35 Kg of foodgrains per household per month and Priority Households are entitled to receive 5 Kg per person per month. The coverage under the Act is substantially high to ensure that all the vulnerable and needy sections of the society get its benefit. At present, against the intended coverage of 81.35 Crore persons at 2011 Census, the States/Union Territories have

already identified 80.03 Crore persons. The State Government/Union Territory Administrations are responsible for the identification of beneficiaries and distribution of foodgrains to them. Government of India has issued advisories to all States/ Union Territories to review their lists of beneficiaries under NFSA, launch special drives to identify and cover the weakest sections of the society and issue ration cards to them.

Further, to ameliorate the hardships faced by the poor due to economic disruption caused by Covid-19 pandemic and to minimize its impact on food security, Government in March 2020 announced the distribution of additional free-of-cost foodgrains (Rice/Wheat) to about 80 Crore National Food Security Act (NFSA) (Antyodaya Anna Yojana (AAY) and Priority Households (PHH)) beneficiaries at the scale of 5 Kg per person per month under the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY). Currently Phase VII (October-December, 2022) of PMGKAY is operational in all States/Union Territories. So far, about 11.18 Crore Metric Tonnes of food grains has been allocated to the States/Union Territories.

Government has accorded high priority to the issue of malnutrition and is making serious efforts to address this issue. The efforts under the Supplementary Nutrition Programme under Anganwadi Services and POSHAN Abhiyaan have been rejuvenated and converged as 'Saksham Anganwadi and Poshan 2.0' (Mission Poshan 2.0). It seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by creation of a convergent eco-system to develop and promote practices that nurture health, wellness and immunity.

Poshan 2.0 focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment of MAM/SAM and Wellness through AYUSH. It rests on the pillars of Convergence, Governance, and Capacity-building. POSHAN Abhiyaan is the key pillar for Outreach and covers innovations related to nutritional support, ICT interventions, Media Advocacy and Research, Community Outreach and Jan Andolan. Steps have been taken to improve nutritional quality and testing in accredited labs, strengthen delivery and leverage technology under the 'Poshan Tracker', a robust ICT enabled platform to improve governance with regard to real time monitoring of provisioning of supplementary nutrition for prompt supervision and management of services.

Government released Streamlined Guidelines dated 13.1.2021 for greater transparency, accountability and quality in the nutrition support programme and service delivery. These guidelines emphasize on ensuring the quality of supplementary nutrition, highlight roles and responsibilities of duty holders, IT enabled data management and monitoring, leveraging of traditional knowledge through AYUSH, procurement and convergence for achieving good nutritional outcomes.

Annexure-I

ANNEXURE REFERRED TO IN REPLY TO PARTS (b) and (c) OF RAJYA SABHA STARRED QUESTION NO. 162 BY PROF. MANOJ KUMAR JHA ON 'MALNOURISHMENT AND GLOBAL HUNGER INDEX' TO BE ANSWERED ON 21.12.2022

Percentage distribution of women and men aged 15-49 years whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) for India and all the States/UTs as per NFHS-5 (2019-21)

India, State/UT	Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) (%)	Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) (%)
India	18.7	16.2
Andaman and Nicobar Islands	9.4	4.0
Andhra Pradesh	14.8	16.5
Arunachal Pradesh	5.7	4.9
Assam	17.7	13.4
Bihar	25.6	21.6
Chandigarh	13.0	15.1
Chhattisgarh	23.1	17.4
Dadra and Nagar Haveli and Daman and Diu	25.1	18.2
Goa	13.8	12.5
Gujarat	25.2	20.9
Haryana	15.1	14.5
Himachal Pradesh	13.9	11.8
Jammu and Kashmir	5.2	4.3
Jharkhand	26.2	17.1
Karnataka	17.2	14.3
Kerala	10.1	10.0
Ladakh	4.4	2.1
Lakshadweep	8.0	5.5
Madhya Pradesh	23.0	20.8
Maharashtra	20.8	16.2
Manipur	7.2	8.0
Meghalaya	10.8	9.0
Mizoram	5.3	5.1
Nagaland	11.1	7.5
NCT of Delhi	10.0	9.1
Odisha	20.8	15.3
Puducherry	9.0	11.1
Punjab	12.7	12.5
Rajasthan	19.6	14.0
Sikkim	5.8	4.9
Tamil Nadu	12.6	12.1
Telangana	18.8	16.3
Tripura	16.2	12.4
Uttar Pradesh	19.0	18.0
Uttarakhand	13.9	16.2
West Bengal	14.8	15.1

Note: It excludes pregnant women and women with a birth in the preceding 2 months.

The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

Annexure-II

ANNEXURE REFERRED TO IN REPLY TO PARTS (b) and (c) OF RAJYA SABHA STARRED QUESTION NO. 162 BY PROF. MANOJ KUMAR JHA ON 'MALNOURISHMENT AND GLOBAL HUNGER INDEX' TO BE ANSWERED ON 21.12.2022

Percentage of children under age 5 years classified as malnourished according to three anthropometric indices of nutritional status: Stunting, Wasting and Underweight as per NFHS-5 (2019-21) for India and States/UTs

India, State/UT	Children under 5 years who are stunted (height-for-age) ¹ (%)	Children under 5 years who are wasted (weight-for-height) ¹ (%)	Children under 5 years who are underweight (weight-for-age) ¹ (%)	Children under 5 years who are overweight (weight-for-height) ² (%)
INDIA	35.5	19.3	32.1	3.4
Andaman and Nicobar Islands	22.5	16.0	23.6	5.4
Andhra Pradesh	31.2	16.1	29.6	2.7
Arunachal Pradesh	28.0	13.1	15.4	9.6
Assam	35.3	21.7	32.8	4.8
Bihar	42.9	22.9	41.0	2.4
Chandigarh	25.3	8.4	20.6	1.8
Chhattisgarh	34.6	18.9	31.3	4.0
Dadra and Nagar Haveli and Daman and Diu	39.4	21.6	38.7	1.9
Goa	25.8	19.1	24.0	2.8
Gujarat	39.0	25.1	39.7	3.9
Haryana	27.5	11.5	21.5	3.3
Himachal Pradesh	30.8	17.4	25.5	5.7
Jammu and Kashmir	26.9	19.0	21.0	9.6
Jharkhand	39.6	22.4	39.4	2.8
Karnataka	35.4	19.5	32.9	3.2
Kerala	23.4	15.8	19.7	4.0
Ladakh	30.5	17.5	20.4	13.4
Lakshadweep	32.0	17.4	25.8	10.5
Madhya Pradesh	35.7	19.0	33.0	2.0
Maharashtra	35.2	25.6	36.1	4.1
Manipur	23.4	9.9	13.3	3.3
Meghalaya	46.5	12.1	26.6	4.0
Mizoram	28.9	9.8	12.7	10.0
Nagaland	32.7	19.1	26.9	4.9
NCT of Delhi	30.9	11.2	21.8	4.0
Odisha	31.0	18.1	29.7	3.5

Puducherry	20.0	12.4	15.3	3.8
Punjab	24.5	10.6	16.9	4.1
Rajasthan	31.8	16.8	27.6	3.3
Sikkim	22.3	13.6	13.1	9.6
Tamil Nadu	25.0	14.6	22.0	4.3
Telangana	33.1	21.7	31.8	3.4
Tripura	32.3	18.2	25.6	8.2
Uttar Pradesh	39.7	17.3	32.1	3.1
Uttarakhand	27.0	13.2	21.0	4.1
West Bengal	33.8	20.3	32.2	4.3

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation (SD) units from the median of the WHO Child Growth Standards. Table is based on children with valid dates of birth (month and year) and valid measurements of both height and weight. Recumbent length is measured for children under age 2; standing height is measured for all other children

¹ Below -2 Standard Deviations, based on WHO standard.

² Above +2 Standard Deviations, based on WHO standard.