

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 1753
TO BE ANSWERED ON 15.03.2023

DOWNGRADING OF INDIA IN GLOBAL HUNGER INDEX

1753 SHRI JAWHAR SIRCAR:

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

- a. whether Government contradicts the findings and the parameters of the Global Hunger Index that downgraded India's rank from 101 to 107, does it claim that country poor children are free from hunger and debilitating health conditions; and
- b. India's performance on each of the four components of the GH index, like prevalence of undernourishment, child stunting, child wasting, and child mortality?

ANSWER

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

(a) and (b) 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 utilization 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.

As per the Global Hunger Index 2022 report, prevalence of undernourished in the population stands at 16.3%, child stunting is at 35.5%, child wasting is at 19.3% and child mortality rate is 3.3%. The value of 'prevalence of undernourished in the population' is flawed as it is based on opinion poll conducted on a very small sample size and does not take into account the series of measures taken by Government of India to ensure food security in the country.

Data on nutritional indicators in the country are captured periodically under the National Family Health Survey (NFHS) conducted by the Ministry of Health and Family Welfare. As per the recent NFHS-5 (2019-21) report, the nutrition indicators for children under 5 years have improved as compared with NFHS-4 (2015-16). Stunting has reduced from 38.4% to 35.5%, Wasting has reduced from 21.0% to 19.3% and Underweight prevalence has reduced from 35.8% to 32.1%.

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.
