GOVERNMENT OF INDIA MINISTRY OF WOMEN & CHILD DEVELOPMENT

LOK SABHA UNSTARRED QUESTION NO. 4961 TO BE ANSWERED ON 31.03.2023

MALNUTRITION

4961. SHRI PRATAPRAO PATIL CHIKHLIKAR:

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

- (a) whether the population of women, children, infants, elderly persons, etc., suffering from various types of malnutrition, is more than the national average in nine States as per the NFHS-5 (2019-21) report, if so, the details thereof and the remedial steps being taken by the Government in this direction;
- (b) whether the amount allocated by the Government under Saksham Anganwadi and Poshan 2.0 is exclusively for child nutrition;
- (c) the alternative measures being taken by the Government for providing holistic nutrition to all the undernourished persons;
- (d) whether any suggestions have been sent to the concerned department in this regard and if so, the details thereof; and
- (e) whether any measures have been taken/are being taken by the Government to address the said problems and if so, the details thereof?

ANSWER

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

(a) to (e) As per the findings of the NFHS-5, the malnutrition related data is generated for men (15-49 years), women (15-49 years), and Children under 5 years of age. However, the malnutrition data for infants and elderly persons is not provided in NFHS. The details of the States/UTs with prevalence of malnutrition levels among children, women and men higher than the national average are **annexed**.

The Government has accorded high priority to the issue of malnutrition and is implementing several schemes like POSHAN Abhiyaan, Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojana (PMMVY) as direct targeted interventions to address the problem of malnutrition in the country. POSHAN Abhiyaan launched on 8th March 2018, aims to achieve improvement in nutritional status of Adolescent Girls, Pregnant Women and Lactating Mothers by adopting a synergised and result oriented approach. The Abhiyaan has been rolled out across 36 States/UTs.

Further, 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) 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.

Under 'Saksham Anganwadi & Poshan 2.0', funds are allocated for (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] (iii) Anganwadi Infrastructure including modern, upgraded Saksham Anganwadis and (iv) Poshan Abhiyan.

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 will cover 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.

Under Poshan 2.0, focus is on diet diversity, food fortification, leveraging traditional systems of knowledge and popularizing use of millets. Nutrition awareness strategies under Poshan 2.0 aim to develop sustainable health and well-being through regional meal plans to bridge dietary gaps. Further, greater emphasis is being given on the use of millets for preparation of Hot Cooked Meal and Take Home rations (not raw ration) at Anganwadi centres for Pregnant Women, Lactating Mothers and Children below 6 years of age, as millets have high nutrient content which includes protein, essential fatty acid, dietary fibre, B-Vitamins, minerals such as calcium, iron, zinc, folic acid and other micro-nutrients thus helping to tackle anemia and other micro-nutrient deficiencies in women and children. Further, to address the challenge of malnutrition arising due to micro-nutrient deficiency, only fortified rice is being allocated to States/UTs.

Convergence with Line Ministries and Departments is a key plank of the programme. At the State level, State Level Steering Committees seek to ensure effective convergence between various schemes/programs having bearing on nutrition and review the progress made regarding nutritional indicators. Further, at the District level, District Nutrition Committees chaired by District Magistrates have representation from across line departments such as Panchayati Raj, Rural Development, Health, Social forestry, District Ayush in-charge etc to monitor nutritional indicators.

Statement referred to in reply of the part (a) of Lok Sabha Un-Starred Question No. 4961 regarding Malnutrition due for answer on 31.03.2023

Annexure

31.03.2023										
S. No.	State/UTs	Children under 5 years who are stunted (height-for- age) (%)		Children under 5 years who are wasted (weight- for-height) (%)		Children under 5 years who are underweight (weight-for- age) (%)	State/ UTs	Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2) (%)	State/ UTs	Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2) (%)
1.	Meghalaya	46.5	Maharashtra	25.6	Bihar	41	Jharkhand	26.2	Chhattisgarh	
2.	Bihar	42.9	Gujarat	25.1	Gujarat	39.7	Bihar	25.6	MP	20.8
3.	Uttar Pradesh	39.7	Bihar	22.9	Jharkhand	39.4	Dadra & Nagar Haveli and Daman & Diu	25.1	UP	18
4.	Jharkhand	39.6	Jharkhand	22.4	Dadra & Nagar Haveli and Daman & Diu	38.7	Gujarat	25.1	Bihar	21.6
5.	Dadra & Nagar Haveli and Daman & Diu	39.4	Assam	21.7	Maharashtra	36.1	Chhattisgarh	23.1	Jharkhand	17.1
6.	Gujarat	39	Telangana	21.7	Madhya Pradesh	33	Madhya Pradesh	23	D&NH & Daman & Diu	18.2
7.	Madhya Pradesh	35.7	Dadra & Nagar Haveli and Daman & Diu	21.6	Karnataka	32.9	Maharashtra	20.8	Gujarat	20.9
8.	INDIA	35.5	West Bengal	20.3	Assam	32.8	Odisha	20.8	Andhra Pradesh	16.5
9.			Karnataka	19.5	West Bengal	32.2	Rajasthan	19.5	Telangana	16.3
10.			INDIA	19.3	INDIA	32.1	Uttar Pradesh	19	INDIA	16.2
11.							Telangana	18.8		
12.							INDIA	18.7		