

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 2126
TO BE ANSWERED ON 15.12.2023

“ MALNUTRITION AMONG CHILDREN ”

2126 SHRI RAJESHBHAI CHUDASAMA::

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

- (a) the number of children under the age of five die every day due to hunger and malnutrition in the country;
- (b) the details of such cases registered during the last five years, State-wise;
- (c) the total number of malnourished children and rate of increase in undernourishment, child stunting, child mortality rate during the said period, year-wise; and
- (d) the steps taken by the Government to help these malnourished children?

ANSWER

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

(a) to (c) The data on death of children under the age of five years is maintained by Ministry of Health and Family Welfare. Malnutrition is not a direct cause of deaths; however, it can increase morbidity and mortality by reducing resistance to infections.

The estimated number of underweight, malnourished and severely malnourished children under 5 years of age is obtained under National Family Health Survey (NFHS) conducted by the Ministry of Health & Family Welfare. As per the recent report of NFHS-5 (2019-21), the nutrition indicators for children under 5 years have improved as compared with NFHS-4 (2015-16). Wasting has improved from 21% (NFHS-4) to 19.3 % (NFHS-5), Under-weight has improved from 35.7% (NFHS-4) to 32.1% (NFHS-5) and stunting has improved from 38.4% (NFHS-4) to 35.5% (NFHS-5).

As per the data of Poshan Tracker for the month of November 2023, around 7.44 crore children under 6 years were measured, out of whom 37.51% were found to be stunted and 17.43% were found to be underweight and 6% children under 5 years were found to be wasted. The levels of underweight and wasting are much less than that projected by NFHS 5. The inputs received from the Ministry of Health & Family Welfare regarding statistics of Child Mortality as per the Sample Registration Survey (SRS) is at **Annexure I.**

(d) The Government has accorded high priority to the issue of malnutrition and is implementing several schemes/programmes of different Ministries/Departments through States/UTs to address various aspects related to nutrition. In the 15th FC, components of nutritional support for children below the age of 6 years, pregnant women and lactating mother, Adolescent Girls (14 – 18 years); Early Childhood Care and Education [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). Mission Poshan 2.0 focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment of MAM/SAM and Wellness through Ayush practices to reduce wasting and under-weight prevalence besides stunting and anaemia.

Under Mission Poshan 2.0, Supplementary nutrition is provided to beneficiaries 300 days in a year through the network of 13.97 lakh AWC located across the country for bridging the gap in the intake as compared to the recommended dietary intake. Only fortified rice is being supplied to AWCs to meet the requirement of micro nutrient and control anemia among women and children. Greater emphasis is being given on the use of millets for preparation of Hot Cooked Meal and Take Home rations (THR) at Anganwadi centres for Children below 6 years of age, Pregnant Women, Lactating Mothers.

The objectives of Poshan 2.0 are as follows:

- To contribute to human capital development of the country;
- Address challenges of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and well-being; and
- Address nutrition related deficiencies through key strategies.

Steps have been taken to improve nutritional quality and testing in accredited labs, strengthen delivery and leverage technology under Poshan Tracker to improve governance. States/UTs have been advised to promote use of AYUSH systems for prevention of malnutrition and related diseases. A programme to support development of Poshan Vatikas at Anganwadi Centres to meet dietary diversity gap leveraging traditional knowledge in nutritional practices has also been taken up.

The key interventions of MoHFW to improve maternal and child health including nutritional deficiencies and anemia, *inter alia*, are placed at **Annexure II**.

ANNEXURE I

ANNEXURE REFERRED IN REPLY TO PART (c) of LOK SABHA UNSTARRED QUESTION NO. 2126 FOR 15.12.2023 REGARDING “MALNUTRITION AMONG CHILDREN” ASKED BY SHRI RAJESHBHAI CHUDASAMA, M.P.

As per the Sample Registration Survey (SRS), the Child Mortality rates are as below:

Indicator	SRS (2018)	SRS (2019)	SRS (2020)
Neonatal Mortality Rate (NMR)	23	22	20
Infant Mortality Rate (IMR)	32	30	28
Under 5 Child Mortality Rate (U5MR)	36	35	32

ANNEXURE II

ANNEXURE REFERRED IN REPLY TO PART (d) of LOK SABHA UNSTARRED QUESTION NO. 2126 FOR 15.12.2023 REGARDING “MALNUTRITION AMONG CHILDREN” ASKED BY SHRI RAJESHBHAI CHUDASAMA, M.P.

Interventions of Nutrition Division of MoHFW to improve maternal and child health including nutritional deficiencies and anemia are:

1. **Mothers' Absolute Affection (MAA)** to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.
2. **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
3. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to Severe Acute Malnourished (SAM) children under 5 years of age with medical complications. Under nutritional management of SAM children admitted in NRCs, therapeutic diet is provided during Stabilization phase and during rehabilitation phase. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children, correction of micronutrient deficiencies, improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices and counselling support is provided to mothers for identifying nutrition and health problems in child.
4. **Anemia Mukht Bharat (AMB)** strategy aims to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism. The interventions are Prophylactic Iron and Folic Acid Supplementation; Deworming; intensified year-round Behaviour Change Communication Campaign for improving Iron and Folic Acid Supplementation and age appropriate infant and young child feeding practices; testing of anaemia using digital methods and point of care treatment; provision of Iron and Folic Acid fortified foods with focus on harnessing locally available resources; addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis.
5. Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).