

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 1192
TO BE ANSWERED ON 09.02.2024

STUDY ON MALNUTRITION AMONG WOMEN AND CHILDREN

1192. SHRI SANJAY JADHAV:

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

- (a) whether the Government has conducted any study or survey to find out the level of malnutrition among women and children across the country;
- (b) if so, the details and the outcome thereof;
- (c) the total number of malnourished children in the country and the number among them falling in the category of more severely malnourished;
- (d) if so, the details of malnourished children in the country, State/UT-wise;
- (e) the names of districts and States in which the number of malnourished children are maximum/minimum; and
- (f) the measures taken by the Government to deal with the problem of malnutrition among the children across the country?

ANSWER

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

(a) to (f) The data on malnutrition among women and children is released under National Family Health Survey (NFHS), which is conducted by Ministry of Health & Family Welfare. The report of NFHS-5 is available on National Family Health Survey portal (http://rchiips.org/nfhs/factsheet_nfhs-5.shtml). As per the report released by the National Family Health Survey-5 (2019-21), 18.7% of Women of reproductive age group (15-49 years) have Body Mass Index (BMI) below normal (BMI <18.5 kg/ m²) and 57% women of reproductive age group (15-49 years) are anaemic. The key interventions of MoHFW to improve maternal and child health, *inter alia*, are placed at **Annexure-I**.

The indicators for malnutrition like underweight, stunting and wasting have shown a steady improvement in National Family Health Survey (NFHS) conducted by 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). Stunting has reduced from 38.4% to 35.5%, while Wasting has reduced from 21.0% to 19.3% and Underweight prevalence has reduced from 35.8% to 32.1%.

As per the data of Poshan Tracker for the month of December 2023, around 7.44 crore children under 6 years were measured, out of whom 36% were found to be

stunted and 17% were found to be underweight and 6% children under 5 years were found to be wasted. The levels of underweight and wasting obtained from Poshan Tracker are much less than that projected by NFHS 5.

Government reviews the performance/impact of scheme on regular basis. In addition, a third-party evaluation of all Centrally Sponsored Schemes in Women and Child Development Sector including Anganwadi services was conducted by NITI Aayog in 2020. The evaluation found the relevance of Anganwadi Services scheme satisfactory.

In the 15th Finance Commission, 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 reorganized 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 anemia.

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 micronutrient and control anaemia 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 – not raw ration) at Anganwadi centers 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 Centers to meet dietary diversity gap leveraging traditional knowledge in nutritional practices has also been taken up.

Under Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate the people on nutritional aspects. IEC materials in the form of videos, pamphlets, flyers etc., in regional languages have also been developed around critical themes. Social & Behavioral Changes have been inculcated through conducting Community Based Events, Poshan Maah and Poshan Pakhwada in convergence with various Ministries/

Departments and other stakeholders. So far, more than 90 crore sensitization activities have been reported by States/ UTs under community engagements programmes through 11 Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutrition practices. CBEs help to celebrate critical milestones in the life of pregnant women and children below two years of age and to disseminate critical information on inter alia, right time to ensure appropriate complementary feeding with diet diversity. Close to 3.70 crore Community Based Events have been held so far.

IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi centres. The 'Poshan Tracker' application was rolled out on 1st March, 2021 as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children.

Further, under Poshan 2.0, for the first time, a digital revolution was ushered in when the Anganwadi Centres were equipped with mobile devices. The mobile application has also facilitated digitization and automation of physical registers used by AWWs that helps in improving their quality of work. Poshan Tracker is available in 22 languages including Hindi and English. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding and complementary feeding. States/UTs can see their progress on various indicators on the Poshan Tracker dashboard on monthly basis and can make course correction wherever required.

In addition, Ministry of Women & Child Development and Ministry of Health & Family Welfare jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severe acute malnutrition children thereby reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. Those malnourished children who have medical complications are referred for facility-based care.

The States/UTs wise detail of malnourished children in the country is at Annexure-II. The detail of States with maximum and minimum malnourished children is at Annexure – III. The detail of districts with maximum and minimum malnourished children is at **Annexure – IV**.

ANNEXURE REFERRED IN REPLY TO PART (f) of LOK SABHA UNSTARRED QUESTION NO. 1192 FOR 9.02.2024 REGARDING “STUDY ON MALNUTRITION AMONG WOMEN AND CHILDREN” ASKED BY SHRI SANJAY JADHAV, 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).

Annexure – II

ANNEXURE REFERRED IN REPLY TO PART (c) of LOK SABHA UNSTARRED QUESTION NO. 1192 FOR 9.02.2024 REGARDING “STUDY ON MALNUTRITION AMONG WOMEN AND CHILDREN” ASKED BY SHRI SANJAY JADHAV, M.P.

The States/UTs wise detail of malnourished children in the country is as follows*:

State	Prevalence of Stunting	Prevalence of Wasting	Prevalence of Underweight
Andhra Pradesh	18.05	4.72	8.18
Arunachal Pradesh	30.06	4.39	9.58
Assam	40.29	4.92	16.43
Bihar	41.43	10.15	23.61
Chhattisgarh	30.27	10.43	14.82
Goa	18.22	2.03	5.55
Gujarat	44.65	8.29	20.69
Haryana	26.29	5.29	8.41
Himachal Pradesh	20.27	1.96	6.38
Jharkhand	40.51	7.91	18.66
Karnataka	39.81	7.05	17.13
Kerala	31.82	3.21	9.52
Madhya Pradesh	40.47	6.95	22.48
Maharashtra	44.67	5.35	15.16
Manipur	15.43	1.29	7.8
Meghalaya	23.39	1.36	5.68
Mizoram	23.86	2.95	5.05
Nagaland	25.61	4.43	6.68
Odisha	35.36	3.43	14.68
Punjab	17.67	4.41	6.88
Rajasthan	37.09	7.42	17.47
Sikkim	12.7	2.4	2.4
Tamil Nadu	14.89	4.14	7.42
Telangana	29.9	4.27	12.79
Tripura	37.95	7.2	15.61
Uttar Pradesh	46.41	5.32	19.5
Uttarakhand	34.47	6.15	8.61
West Bengal	38.44	8.31	12.57
Andaman & Nicobar Islands	19.47	4.78	8.11
Dadra & Nagar Haveli – Daman & Diu	47.15	11.05	32.32
Delhi	36.52	2.89	17.67
J&K	16.57	2.14	4.71
Ladakh	15.1	1.02	3.15
Lakshadweep	41.26	13.04	25.6
Puducherry	29.7	7.67	11.41
UT-Chandigarh	27.82	0.45	8.73

As per data available on Poshan Tracker (Dec 2023)

Annexure-III

ANNEXURE REFERRED IN REPLY TO PART (e) of LOK SABHA UNSTARRED QUESTION NO. 1192 FOR 9.02.2024 REGARDING “STUDY ON MALNUTRITION AMONG WOMEN AND CHILDREN” ASKED BY SHRI SANJAY JADHAV, M.P.

The detail of States with maximum and minimum malnourished children is as follows*.

State with maximum stunted children	State with maximum wasted children	State with maximum underweight children	State with minimum stunted children	State with minimum wasted children	State with minimum underweight children
Uttar Pradesh (46.41%)	Chhattisgarh (10.43%)	Bihar (23.61%)	Sikkim (12.7%)	Manipur (1.29%)	Sikkim (2.4%)

* The details have been taken from Poshan Tracker (Dec 2023)

Annexure – IV

ANNEXURE REFERRED IN REPLY TO PART (e) of LOK SABHA UNSTARRED QUESTION NO. 1192 FOR 9.02.2024 REGARDING “STUDY ON MALNUTRITION AMONG WOMEN AND CHILDREN” ASKED BY SHRI SANJAY JADHAV, M.P.

The detail of districts with maximum and minimum malnourished children is as follows*:

District with maximum stunted children	District with maximum wasted children	District with maximum underweight children	District with minimum stunted children	District with minimum wasted children	District with minimum underweight children
Nandurbar (78%)	Banka (20%)	Tamenglong (62%)	Pathankot (2%)	South West Khasi Hills (1%)	Pathankot (1%)

* The details have been taken from Poshan Tracker (Dec 2023)
