

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 1104
TO BE ANSWERED ON 7th FEBRUARY, 2020**

NATIONAL NUTRITION SURVEY

1104. SHRI UPENDRA SINGH RAWAT:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether it is a fact that the Comprehensive National Nutrition Survey has found a number of deficiencies in the health of the children in the country including Uttar Pradesh;
- (b) if so, the details thereof, State/UT-wise;
- (c) whether any steps are being taken by the Government to address the issues which have been highlighted in the said survey;
- (d) if so, the details thereof; and
- (e) if not, the reasons therefor?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): As per the Comprehensive National Nutrition Survey (CNNS) conducted by Ministry of Health and Family welfare (MoHFW) stunting is 34.7%, wasting is 17.3% and underweight is 33.4% in under five children. The Anemia prevalence as per the survey is 40.5% and the deficiency of serum ferritin (Iron) is 31.9%.

Similarly, the deficiency of various other micronutrients at the National level in under five children is as under:

Vitamin A - 17.6%

Vitamin-D - 13.8%

Zinc - 18.9%,

Vitamin B12 - 13.8%

Folate - 23.3%

The level of median urinary iodine concentration was 213 at country level.

The State wise details including Uttar Pradesh is annexed.

(c) to (e): Ministry of Health and Family Welfare (MoHFW) has constituted five sub groups for in-depth review/analysis of CNNS results to provide evidence based policy and programme implications. The five constituted sub groups are as under:

1. Vitamin A & Vitamin D deficiency

2. Anemia and Zinc deficiency
3. Iodine deficiency
4. Non Communicable Disease (NCD), Overweight and Obesity and Chronic Kidney diseases
5. Early Childhood Development, Anthropometry and hand grip strength and adolescent nutrition.

In addition the Government of India has launched POSHAN (Prime Minister Overarching Scheme for Holistic Nourishment) Abhiyaan, to address malnutrition in India through convergence, behaviour change, IEC advocacy, training and capacity building, innovations and demand generation. POSHAN Abhiyaan focuses on educating families on the need for nutrition and motivating them on adopting these into their behaviour. The promotion of locally available nutritious food through various community based events (CBEs), exhibitions, rallies, workshops and meetings is one of the strategies under the POSHAN Abhiyaan.

The Ministry of Health and Family Welfare (MoHFW) is an important stakeholder of the POSHAN Abhiyaan. Anaemia Mukh Bharat (AMB) strategy, Defeat Diarrhea (D-2) initiative and Home Based Care of Young Children (HBYC) are the important components of the POSHAN Abhiyaan implemented by MoHFW.

Ministry of Health and family Welfare has also initiated various advocacy and awareness campaigns including the “Eat Right India” Campaign, which is built on the two broad pillars of 'Eat Healthy' and 'Eat Safe'. This aims to engage, excite and enable citizens to improve their health and wellbeing.

Village Health Sanitation and Nutrition Day (VHSND) platform is being used for creating community awareness on importance of balanced and healthy diet, and bringing desired changes in the dietary practices through group counselling sessions.

The Government is also promoting use of fortified wheat flour, fortified rice, fortified oil and double fortified salt in public funded supplementary nutrition programmes.

In order to prevent and control major Non Communicable Diseases (NCDs) the National Programme for Prevention of Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke is being implemented in all the States/UTs. Under NPCDCS, NCD cell have been established at National, State and District levels for programme management, and NCD clinics are being set up at District and block levels, to provide services for early diagnosis, treatment and follow-up for common NCDs. Health promotion through behavior change with involvement of community, civil society, community based organization, schools and media etc is an important activity. The role of physical activities in health promotion and prevention of NCDs is also being adopted as key strategy.

The MoHFW is implementing RMNCAH+N strategy under National Health Mission (NHM) to reduce malnutrition across the life cycle. The various intervention are micronutrients supplementation program including Anemia Mukh Bharat (AMB) and biannual Vitamin-A supplementation, management of sick children with severe acute malnutrition in Nutrition Rehabilitation Centres (NRCs), improvement of appropriate Infant

and Young Child Feeding (IYCF) Practices under Mothers Absolute Affection (MAA) programme, National Deworming Day, Universal Immunisation Programme (UIP) Janani Shishu Suraksha Karyakram (JSSK), Rastriya Bal Swasthya Karyakaram (RBSK) and Home Based Newborn Care.

All these programs address one or other aspects related to nutrition and have the potential to improve nutritional outcomes in the country.

State wise findings of CNNS in Children (1-5 years) as per CNNS

S. No	State/UT	Stunting	Under weight	Wasting	Anemia	Serum ferritin (Iron deficiency)	Vitamin-A deficiency	Vitamin-D deficiency	Zinc deficiency	Vitamin B-12 deficiency	Folate deficiency	Median Urinary Iodine Concentration
1	India	34.7	33.4	17.3	40.5	31.9	17.6	13.8	18.9	13.8	23.3	213
2	Delhi	28.8	28.1	14.8	47.0	38.3	17.8	32.5	18.9	7.8	1.3	241
3	Haryana	34.9	28.8	11.7	48.3	58.9	26.1	27.6	6.2	11.6	14.6	252
4	Himachal Pradesh	28.4	22.6	11.0	29.7	34.5	5.9	4.6	41.1	6.9	4.6	101
5	Jammu & Kashmir	15.5	13.1	14.9	27.1	44.7	8.7	22.9	21.4	7.9	5.9	221
6	Punjab	24.3	19.7	6.7	39.8	67.2	17.2	52.1	21.0	17.1	9.8	188
7	Rajasthan	36.8	31.5	14.3	32.4	44.3	4.5	25.2	9.1	15.6	34	208
8	Uttarakhand	29.9	18.7	5.9	32.4	51.2	14.3	46.4	22.4	19	17.6	167
9	Chhattisgarh	35.4	40.0	19.3	40.8	38.5	26.6	10.5	18.6	21.1	43.7	234
10	Madhya Pradesh	39.5	38.7	19.6	53.5	45.9	27.1	7.7	22.3	11.6	57.6	132
11	Uttar Pradesh	38.8	36.8	18.5	43.0	23.9	17.1	13.2	22.1	23.2	6.1	211
12	Bihar	42.0	38.7	14.5	43.7	20.2	23.5	22.7	19.7	13.8	6.1	259
13	Jharkhand	36.2	42.9	29.1	43.7	13.8	43.2	19.2	28.4	17.6	5.3	150
14	Odisha	29.1	29.2	13.9	37.2	30.4	19.8	6.7	18.7	7.2	34.4	197
15	West Bengal	25.3	30.9	20.1	45.7	21.1	5.0	7.0	15.2	1.9	0.3	239
16	Arunachal Pradesh	28.0	15.5	6.8	28.3	14.9	14.8	7.3	8.4	7	38	266
17	Assam	32.4	29.4	19.4	33.7	8.5	21.4	1.1	27.1	2.8	59.9	132
18	Manipur	28.9	13.0	6.0	10.0	17.4	17.1	41.2	26.6	4.3	6.4	170
19	Meghalaya	40.4	29.6	14.7	32.9	24.9	6.3	2.1	14.3	8.5	26.1	264
20	Mizoram	27.4	11.3	5.8	24.4	4.2	39.2	5.5	4.6	6.3	17.9	243
21	Nagaland	26.2	16.3	12.9	8	0	23.6	2.2	0.9	12.4	74.1	100
22	Sikkim	21.8	10.9	6.9	33	27.9	2.7	14.2	22.4	6.5	0.1	273
23	Tripura	31.9	23.8	12.8	33	16.0	20.6	15.2	17.1	6	1	218
24	Goa	19.6	20.3	15.8	22.1	11.9	2.4	18.2	25.6	3.2	16.6	142
25	Gujarat	39.2	34.3	16.9	38.2	55.7	14.6	25.2	19.8	29.2	39.4	187
26	Maharashtra	34.1	30.9	16.8	41.6	49.0	9.4	12.8	12.3	11.8	42.2	136
27	Andhra Pradesh	31.5	33.5	17.1	39.6	13.0	20.8	4.9	10.0	11.1	62.7	150
28	Karnataka	32.5	32.4	19.3	34.7	50.1	9.6	4.8	20.1	15.4	36	282
29	Kerala	20.5	18.7	12.6	12.5	35.2	17.1	11.8	9.0	3.4	18.4	206
30	Tamil Nadu	19.7	23.5	20.7	27.3	41.7	13.1	1.4	20.1	6.6	23.9	315
31	Telangana	29.3	30.8	17.9	37.8	33.4	26.5	9.6	10.1	12.4	46.8	299

Anemia* = The Anemia rates between NFHS and CNNS are not comparable due to different methods of estimations used in these surveys