

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

**LOK SABHA
UNSTARRED QUESTION NO. 955
TO BE ANSWERED ON 07TH FEBRUARY, 2020**

DUAL PROBLEM OF MALNUTRITION AND OBESITY

**955. SHRI SANJAY SADASHIV RAO MANDLIK:
SHRI SUDHEER GUPTA:
SHRI GAJANAN KIRTIKAR:
SHRI BIDYUT BARAN MAHATO:
SHRI SHRIRANG APPA BARNE:**

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

- (a) whether as per a recent report of Lancet Journal the dual problem of malnutrition and obesity has increased remarkably in the Indian household during the last two decades;
- (b) if so, the details thereof and the reasons for the same along with the response of the Government thereto;
- (c) whether bone infection is increasing among the malnourished children due to which children are becoming vulnerable to disability and if so, the details thereof;
- (d) whether the Government has prepared any plan to bring out the Indian household particularly poor ones from this double burden of malnutrition and obesity, if so, the details thereof;
- (e) the funds spent during the last decade for the schemes being run by the Ministry to eradicate malnutrition and obesity, State/UT-wise; and
- (f) the further measures taken by the Government to make the country free from malnutrition and obesity?

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

(a)& (b): As per the burden of child and maternal malnutrition and trends in its indicators in the states of India: the Global Burden of Disease Study 1990-2017 by *India state-Level Disease Burden Initiative Malnutrition Collaborators*, published in The lancet in December, 2019, the prevalence of stunting in children upto 5 years of age is 39.3%, wasting 15.7%, underweight is 32.7%. and the prevalence of overweight in children aged 2-4 years is 11.5% suggesting dual burden of malnutrition.

The major reason of the dual burden of malnutrition are inappropriate child feeding practices, worm infestation intake of junk food and drinks, lack of physical activities, high fat diet etc.

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 strategy under 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 the MoHFW.

(c): Although malnourished children are more vulnerable than normal children to any infection including bone infection due to lower immunity, there is no data to substantiate increase in bone infection among malnourished children due to which children are becoming vulnerable to disability.

(d): The Government of India has already launched POSHAN (Prime Minister Overarching Scheme for Holistic Nourishment) Abhiyaan to improve nutritional status in the country.

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.

Reproductive, Maternal, Newborn, Child Adolescent health and Nutrition (RMNCAH+N) under National Health Mission (NHM) is also implemented to reduce malnutrition across the life cycle. The detail of various health and nutrition interventions under National Health Mission (NHM) is as follows:

- Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age. Pradhan Mantri Matru Vandana Yojana (PMMVY) is another maternity benefit programme under which cash incentive of Rs. 5000 is provided to pregnant women and lactating mothers.
- Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA) in convergence with Ministry of Women and Child Development.
- Home Based Care for Young Children (HBYC) has been initiated as an extension of Home Based Newborn Care (HBNC) to provide community based care by ASHA workers with focus on improvement in child rearing practices, nutrition counselling and breastfeeding promotion till 15th month of life.
- Treatment of sick children with Severe Acute Malnutrition (SAM) at special units called the Nutrition Rehabilitation Centres (NRCs), set up at public health facilities.
- Universal Immunization Programme (UIP) is being supported to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rotaviral diarrhoea. Mission Indradhanush is targeted to immunize children who are either unvaccinated or partially vaccinated i.e. those that have not been covered during the rounds of routine immunization for various reasons.
- Vitamin A supplementation (VAS) for children till the age of 5 years.
- National De-worming Day as a fixed day strategy to administer Albendazole tablets to all the children in the age group of 1-19 years through the platform of AWCs and schools for good nutritional outcomes and prevention of anaemia.
- Prevention of childhood illness such as diarrheal diseases which in turn prevents childhood malnutrition. Control of childhood diarrhoea is being carried out by conducting annual Intensified Diarrhoea Control Fortnight (IDCF) and Defeat Diarrhoea Initiative.

- ‘Anemia Mukht Bharat (AMB)’ for supplementation and treatment of anaemia in children, adolescents, pregnant and lactating women, and women of reproductive age group in programme mode through life cycle approach. This involves, bi-weekly IFA syrup supplementation to children 6 – 59 months, weekly IFA tablet supplementation to children 5 – 10 years and adolescents 10 – 19 years, and IFA tablets to pregnant and lactating women.
- Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care in convergence with Ministry of Women and Child Development. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- Mother and Child Protection Card is the joint initiative of the Ministry of Health & Family welfare and the Ministry of Woman and Child Development which addresses the nutrition concerns in children, pregnant women and lactating mothers.
- Under “Rastriya Bal Swasthya Karyakaram” (RBSK) children of 0 - 18 years of age are screened for selected health conditions classified into 4Ds - Diseases, Deficiencies, Defects and Developmental delays including screening for Severe Acute Mal-nutrition and provides free referral and treatment facilities for identified children.
- The Government is also promoting use of fortified wheat flour, fortified rice, fortified oil and double fortified salt in public funded supplementary nutrition programmes.

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

(e): The fund spent in the schemes which have direct bearing in reduction of malnutrition like Micronutrient Supplementation Programme (MSP), Infant and Young Child Feeding (IYCF) practices, Nutrition Rehabilitation Centres (NRCs) and Diarrhoea Control activities during the last decade by the Ministry is annexed.

(f): The Government is undertaking various measures and POSHAN Abhiyaan is implemented as a convergent mission. The goals of POSHAN Abhiyaan are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner.

The target of POSHAN Abhiyaan are as under:

S.No	Objective	Target
1.	Prevent and reduce Stunting in children (0- 6 years)	@ 2% p.a.
2.	Prevent and reduce under-nutrition (underweight prevalence) in children (0-6 years)	@ 2% p.a.
3.	Reduce the prevalence of anaemia among young Children(6-59 months)	@ 3% p.a.
4.	Reduce the prevalence of anaemia among Women and Adolescent Girls in the age group of 15-49 years.	@ 3% p.a.
5.	Reduce Low Birth Weight (LBW).	@ 2% p.a

Annexure

State/UT-wise Funds spent (In lakhs) in Micronutrient Supplementation Programmes, Infant and Young Child Feeding (IYCF) practices, Nutrition Rehabilitation Centres (NRCs) and Diarrhoea Control activities in the last decade (2009-10 to 2018-19)

S. No.	Name of the State/UTs	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
A. High Focus States											
1	Bihar	34.79	41.45	469.52	1009.30	2049.37	675.15	437.29	540.98	1007.20	515.55
2	Chhattisgarh	44.37	159.74	174.92	217.87	362.34	298.99	393.30	451.02	534.06	544.97
3	Himachal Pradesh	0.90	0.00	0.00	25.00	0.00	0.07	20.64	34.83	14.10	7.81
4	Jammu & Kashmir	0.26	20.95	55.53	6.35	29.21	12.54	27.32	24.57	71.98	30.45
5	Jharkhand	28.18	115.35	201.68	207.33	399.34	484.83	565.24	436.14	419.70	685.61
6	Madhya Pradesh	1572.43	1939.24	1667.88	1745.90	2637.80	1815.16	1907.71	2854.19	2657.04	2668.95
7	Orissa	354.54	365.47	107.49	315.34	124.28	281.24	194.58	247.63	306.46	1040.53
8	Rajasthan	6.09	168.08	172.95	256.89	111.20	205.92	390.16	437.15	302.23	460.25
9	Uttar Pradesh	211.20	154.58	19.85	76.15	129.42	189.39	570.83	1004.69	980.34	714.33
10	Uttarakhand	0.00	0.00	0.00	23.17	0.00	9.63	19.39	59.36	30.55	157.03
	Sub Total	2252.76	2964.86	2869.82	3883.30	5842.96	3972.92	4526.46	6090.55	6323.66	6825.50
B. NE States											
11	Arunachal Pradesh	0.00	2.07	0.12	2.00	13.03	20.08	29.42	118.62	49.08	15.45
12	Assam	52.53	35.20	65.65	50.59	92.33	75.49	270.20	246.69	183.83	209.25
13	Manipur	3.00	9.03	15.24	1.18	8.93	110.72	24.05	163.63	10.29	99.77
14	Meghalaya	1.85	3.17	7.98	8.62	3.01	20.44	13.75	68.76	11.38	85.13
15	Mizoram	0.13	0.00	0.91	0.00	47.25	14.06	112.42	71.60	4.20	6.75
16	Nagaland	0.00	0.00	12.96	19.76	8.09	4.32	77.41	110.79	4.10	87.86
17	Sikkim	0.54	0.38	0.00	3.01	0.00	2.56	8.34	10.66	1.83	1.70
18	Tripura	47.67	0.34	18.40	9.90	50.52	8.75	52.59	14.18	21.31	7.14
	Sub Total	105.72	50.19	121.26	95.05	223.16	256.43	588.19	804.92	286.02	513.05
C. Non-High Focus States											
19	Andhra Pradesh	0.00	0.00	0.00	80.62	21.58	29.20	316.43	279.09	122.57	380.00
20	Goa	1.30	2.46	107.76	8.01	10.25	8.47	0.97	15.12	8.24	1.11
21	Gujarat	41.38	587.13	565.30	750.53	655.75	988.83	1231.48	1043.31	913.46	926.01
22	Haryana	45.94	2.59	7.46	4.34	103.88	130.51	9.51	18.31	37.41	512.61
23	Karnataka	0.00	117.04	23.91	281.98	69.77	48.93	73.54	72.50	79.56	106.47
24	Kerala	172.22	102.70	18.97	58.99	1.91	10.72	3.69	38.65	50.29	118.09
25	Maharashtra	328.53	1105.73	2539.46	1799.34	1521.83	768.28	162.55	201.21	225.05	188.34
26	Punjab	0.00	104.62	4.03	92.96	11.44	58.76	18.76	49.35	72.03	0.69
27	Tamil Nadu	0.00	0.00	0.00	2.45	89.73	353.57	53.18	199.53	242.32	194.97

28	Telangana	--	--	--	--	--	4.38	45.61	39.85	123.97	55.67
29	West Bengal	49.19	340.50	148.66	548.14	389.70	248.55	1478.36	893.42	933.68	1125.91
	Sub Total	638.56	2362.77	3415.55	3627.36	2875.83	2650.21	3394.07	2850.33	2808.58	3609.87
D. Small States/UTs											
30	Andaman & Nicobar Islands	0.00	0.00	0.00	0.00	0.00	0.72	0.00	2.18	0.06	0.00
31	Chandigarh	9.98	0.00	0.00	0.01	0.05	0.21	0.00	0.00	0.88	0.21
32	Dadra & Nagar Haveli	0.00	0.00	0.00	2.66	1.74	1.33	59.20	0.93	0.26	0.11
33	Daman & Diu	1.24	0.60	0.00	0.33	0.00	0.00	0.00	0.08	0.00	1.13
34	Delhi	11.19	9.69	3.05	24.40	2.81	3.51	4.91	3.78	4.78	16.42
35	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.66	0.97	1.24	0.00
36	Puducherry	1.38	1.00	9.29	3.50	0.80	0.00	15.00	24.98	1.40	13.63
	Sub Total	23.79	11.29	12.34	30.90	5.39	5.77	79.77	32.92	8.62	31.50
	Grand Total	3020.83	5389.11	6418.98	7636.62	8947.35	6885.33	8588.49	9778.73	9426.88	10979.91

Note:

- Expenditure includes expenditure against Central Release, State share & unspent balances at the beginning of the year. It is updated upto 31-03-2019, hence provisional.
- The Above Figures are as per FMR reported by State/UTs.