

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

**LOK SABHA  
UNSTARRED QUESTION NO. 999  
TO BE ANSWERED ON 18<sup>TH</sup> SEPTEMBER, 2020**

**MALNUTRITION**

**999. COL. RAJYAVARDHAN RATHORE:**

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

- (a) the details of initiatives taken to address the malnutrition rate in the country, pursuant to the implementation of National Health Policy and National Nutrition Strategy;
- (b) whether the Government proposes to eradicate/ reduce all forms of malnutrition by 2030 under National Health Policy and National Nutrition Strategy, if so, the strategy in place to achieve this goal;
- (c) the details of progress made and targets achieved in the implementation of such initiatives State/UT-wise along with the district-wise details for the State of Rajasthan;
- (d) whether the Government has issued/framed any specific local guidelines regarding the nutritional value of various food items, based on the variation in the food being consumed by different communities within the country, if so, the details thereof, State/UT-wise including Rajasthan; and
- (e) the details of initiatives introduced since the COVID-19 pandemic to address the unique challenges posed by the pandemic?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE**

**(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b). The National Nutrition Strategy (NNS) released by NITI Aayog in September, 2017 focuses on preventing and reducing under-nutrition across the life cycle. Most of the recommendations presented in the strategy document have been subsumed within the design of POSHAN (Prime Minister Overarching Scheme for Holistic Nourishment) Abhiyaan launched by Government of India in 2018.

The targets of POSHAN Abhiyaan are to reduce stunting, underweight and low birth weight by 2% per annum and the reduction of Anemia by 3% per annum.

National Health Policy, 2017 envisages 40% reduction in prevalence of stunting in under-five children by 2025 as a cross sectoral goal.

POSHAN Abhiyaan provides an overarching framework to improve overall malnutrition level by leveraging funds, functionaries, technical resources and IEC activities from existing programme and schemes such as Integrated Child Development Services (ICDS), Pradhan Mantri Matru Vandana Yojana (PMMVY), National Health Mission (NHM), Swachh Bharat Mission (SBM), National Rural Livelihood Mission (NRLM), Mahatma Gandhi National Rural Employment Guarantee Assurance (MNREGA) and Public Distribution System. In addition, various welfare schemes are being implemented which help in improving the nutritional indicators of vulnerable population such as: Annapurna Scheme for the senior citizens and Emergency Feeding Programmes. Awareness generation activities such as “Eat Right India” campaign and nutrition counselling through various platforms are also being promoted.

(c). As per the report of Comprehensive National Nutrition Survey (CNNS) conducted in 30 States during 2016-18, prevalence of stunting and underweight among under-five children is 34.7% and 33.4% respectively, which is an improvement and reduction from the levels reported in National Family Health Survey-4, which were 38.4% and 35.7% respectively. For the State of Rajasthan the decline in stunting and underweight in under-five children are 39.1% to 36.8% and 36.7% to 31.5% respectively. The State-wise details are annexed. The district wise details are not available in CNNS report.

(d). National Institute of Nutrition, Indian Council of Medical Research (ICMR) has published Indian Food Composition Tables in 2017. These tables provide nutritional information on 151 discrete food components for 528 key foods with widest possible coverage of nutrient and bioactive components of key foods representing all major food groups. The sampling design was geographically well dispersed and statistically representative with respect to region and country. Overall, 107 districts out of the total 630 districts representing 17% of the country are selected for the collection of key foods for analysis. The national sampling plan addresses the key foods identified in the Indian food supply but does not include food specific to the sub-population of the country. Hence, the details regarding variation in food consumed by various communities is not available.

(e). During the COVID-19 pandemic, there have also been challenges in service delivery of IFA supplementation in school going children and distribution of IFA tablets to out of school adolescent girls, pregnant and lactating mothers at VHSNDs. Similarly, service delivery in campaign approach for different activities such as National Deworming Day (NDD), Intensified Diarrhoea Control Fortnight (IDCF) and Vitamin A Supplementation programmes were also got affected.

In order to address these challenges, the MoHFW has issued guidance notes to all the States and UTs regarding “Enabling Delivery of Essential Health Services during the COVID 19 Outbreak” on 14<sup>th</sup> April, 2020 and “Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health plus Nutrition services during and post COVID-19 pandemic” on 24<sup>th</sup> May, 2020 for continuation of service delivery amid COVID-19 pandemic.

As per these guidance notes, the States and UTs have been advised to ensure home distribution of Iron Folic Acid supplementation to the target age groups i.e. Pre-school Children

6-59 months, Children 5-9 years, adolescents 10-19 years, Pregnant and lactating Women in the containment zones.

In non-containment zones, it has been advised to undertake distribution of IFA supplements through the VHSNDs to be held in the staggered manner while ensuring all the personal protective measures and physical distancing norms by the frontline workers i.e. ASHAs/ANMs/AWWs.

Similarly, to ensure continuous nutritional support to Anganwadi beneficiaries, Anganwadi Workers and Helpers have been distributing supplementary Nutrition at the doorsteps of the beneficiaries. Further, Ministry of Women Child Development has issued necessary directions to the States/UTs to ensure distribution of food items and nutrition support by Anganwadi workers, once in 15 days, at the doorstep of beneficiaries.

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**State/UT wise percentage of stunting, wasting and underweight in under-five children as per National Family Health Survey (NFHS-4, 2015-16) and Comprehensive national Nutrition Survey (CNNS, 2016-18)**

S.No	State/UT	Stunting		Underweight	
		NFHS-4	CNNS	NFHS-4	CNNS
	<b>India</b>	<b>38.4</b>	<b>34.7</b>	<b>35.7</b>	<b>33.4</b>
1	Delhi	31.9	28.8	27.0	28.1
2	Haryana	34.0	34.9	29.4	28.8
3	Himachal Pradesh	26.3	28.4	21.2	22.6
4	Jammu & Kashmir	27.4	15.5	16.6	13.1
5	Punjab	25.7	24.3	21.6	19.7
6	Rajasthan	39.1	36.8	36.7	31.5
7	Uttarakhand	33.5	29.9	26.6	18.7
8	Chhattisgarh	37.6	35.4	37.7	40.0
9	Madhya Pradesh	42.0	39.5	42.8	38.7
10	Uttar Pradesh	46.2	38.8	39.5	36.8
11	Bihar	48.3	42.0	43.9	38.7
12	Jharkhand	45.3	36.2	47.8	42.9
13	Odisha	34.1	29.1	34.4	29.2
14	West Bengal	32.5	25.3	31.5	30.9
15	Arunachal Pradesh	29.3	28.0	19.4	15.5
16	Assam	36.4	32.4	29.8	29.4
17	Manipur	28.9	28.9	13.8	13.0
18	Meghalaya	43.8	40.4	28.9	29.6
19	Mizoram	28.1	27.4	12	11.3
20	Nagaland	28.6	26.2	16.7	16.3
21	Sikkim	29.6	21.8	14.2	10.9
22	Tripura	24.3	31.9	24.1	23.8
23	Goa	20.1	19.6	23.8	20.3
24	Gujarat	38.5	39.1	39.3	34.3
25	Maharashtra	34.4	34.1	36	30.9
26	Andhra Pradesh	31.4	31.5	31.9	33.5
27	Karnataka	36.2	32.5	35.2	32.4
28	Kerala	19.7	20.5	16.1	18.7
29	Tamil Nadu	27.1	19.7	23.8	23.5
30	Telangana	28.0	29.3	28.3	30.8