GOVERNMENT OF INDIA MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA UNSTARRED QUESTION NO.1060 TO BE ANSWERED ON 22.07.2022

POSITION OF INDIA IN GLOBAL HUNGER INDEX

1060. SHRI MAHESH SAHOO:

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

- (a) the position of India among nations in the list of undernourished population as per Global Hunger Index 2021;
- (b) whether the Government has undertaken any study on undernourishment of women and children at regular intervals and if so, the details thereof;
- (c) whether the Government has formulated any action plan to tackle the issue of under nourishment of women and children and check malnourishment deaths in the country, if so, the details thereof; and
- (d) whether the Government has any details of undernourished women and children in Odisha and if so, the details thereof, district-wise?

ANSWER

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

(a) As per Global Hunger Index 2021 report prepared by 'Welthungerhilfe' and 'Concern Worldwide', India's score is 27.5 and it has ranked 101 among 116 countries. Global Hunger Index is based on four indicators - Undernourishment, Child Stunting, Child Wasting and Child Mortality.

Global Hunger Index (GHI) does not reflect India's true picture as it is a flawed measure of 'Hunger'. It should not be taken at face value as it is neither appropriate nor representative of hunger prevalent in a country. Out of its four indicators, only one indicator, i.e., undernourishment, is directly related to hunger. The two indicators, namely, Stunting and Wasting are outcomes of complex interactions of various other factors like sanitation, genetics, environment and utilisation of food intake apart from hunger which is taken as the causative/outcome factor for stunting and wasting in the GHI. Also, there is hardly any evidence that the fourth indicator, namely, child mortality is an outcome of hunger.

Data used in the GHI report are sourced from international agencies which are not updated as per the latest data available in the country. Food and Agriculture Organisation (FAO) of the United Nations, the data source agency for the indicator 'Prevalence of Undernourishment', has relied on the opinion poll conducted telephonically, which has completely disregarded Government's economic response to Covid-19 of providing free foodgrains to 80 crore National Food Security Act beneficiaries under Pradhan Mantri Garib Kalyan Anna Yojna, and given an unacceptable estimate for India for the triennium period 2018-2020. The 4 questions asked in the poll have no links to availability of food or dietary energy.

FAO's estimates on 'Prevalence of Undernourishment' in India for the triennium periods 2015-17, 20016-18, 2017-19 are 14.8%, 14.5% and 14.0% respectively, which clearly show a declining trend. India has not faced any major challenges on the food production and supply part in the recent past which would adversely affect the 'Prevalence of Undernourished' score. Afghanistan, Bangladesh, Nepal and Sri Lanka, have improved on this indicator during the triennium period 2018-20, signifying that these countries have not been affected at all by Covid-19 pandemic induced loss of job/business and reduction in income levels. These are counterintuitive in view of higher mortality rates due to Covid-19 in 2 countries during 2020. Thus, the assessment made by FAO does not reflect the ground reality and is not worthy of consideration.

- (b) Government conducts National Family Health Survey (NFHS) at regular intervals. As per the latest report of NFHS, i.e., NFHS-5 (2019-21), child stunting in the country has decreased from 38.4% (NFHS-4, 2015-16) to 35.5% (NFHS-5, 2019-21) and child wasting has decreased from 21.0% (NFHS-4, 2015-16) to 19.3% (NFHS-5, 2019-21). Further, percentage of underweight children has also gone down from 35.8% (NFHS-4, 2015-16) to 32.1% (NFHS-5, 2019-21).
- (c) The Government has accorded high priority to the issue of malnutrition and is implementing several schemes like Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojana (PMMVY) as direct targeted interventions to address the problem of malnutrition in the country. Children with Severe Acute Malnutrition (SAM) are treated at the Nutrition Rehabilitation Centres established by the Ministry of Health and Family Welfare.

Further, POSHAN Abhiyaan launched on 8th March 2018, aims to reduce malnutrition in the country in a phased manner, by adopting a synergised and result oriented approach.

The efforts under the Supplementary Nutrition Programme (SNP) under Anganwadi Services and POSHAN Abhiyaan have been rejuvenated and converged as 'Saksham Anganwadi and POSHAN 2.0'. It seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by creation of a convergent eco-system to develop and promote practices that nurture health, wellness and immunity. The Anganwadi Services, Scheme for Adolescent Girls and Poshan Abhiyaan have been re-aligned under 'Saksham Anganwadi and POSHAN 2.0' for maximizing nutritional outcomes. 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. Guidelines were issued for transparency and accountability in delivery of supplementary nutrition and to track nutritional outcomes on 13.01.2021.

Malnutrition is not a direct cause of death among children under five years of age. However, it can increase morbidity and mortality by reducing resistance to infections. Malnourished children are more vulnerable to any infection than normal children. However, the overall under five child mortality rate has reduced from 49.7 (in NFHS-4, 2015-16) to 41.9 (in NFHS-5, 2019-21).

(d) The district-wise details of malnourished children and women in the State of Odisha as per NFHS-5 survey (2019-21) is at **Annexure.**

Annexure

District wise details of malnourished children and women in the state of Odisha as per NFHS-5 survey (2019-21)

State	Children	Children	Children	Women aged
	under 5	under 5	under 5 years	15-49 years
	years who	years who	who are	with low BMI
	are stunted	are wasted	underweight	(%)
	(%)	(%)	(%)	(BMI <18.5
Odisha	31	18.1	29.7	kg/m ²) 20.8
	Children	Children	Children	
District	under 5	under 5	under 5 years	Women aged 15-49 years
	years who	years who	who are	with low BMI
	are stunted	are wasted	underweight	(BMI <18.5
	(%)	(%)	(%)	kg/m ²) (%)
Anugul	28.1	25.1	30.5	20.6
Balangir	32.7	25.5	37.6	21.5
Baleshwar	24.4	15.0	22.6	23.9
Bargarh	38.9	18.0	30.0	19.0
Baudh	37.0	20.1	38.6	22.1
Bhadrak	32.3	15.8	28.9	24.7
Cuttack	20.4	14.2	18.9	15.7
Debagarh	28.4	27.3	34.3	23.3
Dhenkanal	33.3	22.7	30.0	18.9
Gajapati	43.4	16.1	34.3	23.5
Ganjam	23.9	10.2	18.9	11.2
Jagatsinghapur	13.2	10.7	11.0	12.9
Jajapur	25.5	15.9	21.8	24.4
Jharsuguda	27.1	16.9	26.9	21.2
Kalahandi	33.0	17.2	33.6	23.8
Kandhamal	34.2	23.3	35.2	21.0
Kendrapara	28.6	7.9	17.9	20.5
Kendujhar	36.2	23.8	37.1	25.9
Khordha	17.1	13.2	16.9	10.0
Koraput	43.1	15.9	33.5	27.2
Malkangiri	44.3	19.3	41.6	38.6
Mayurbhanj	36.7	28.5	45.9	30.2
Nabarangapur	44.1	25.2	46.6	30.9
Nayagarh	20.0	10.5	20.2	13.1
Nuapada	43.1	18.1	38.0	30.7
Puri	13.8	8.9	11.3	12.9
Rayagada	43.6	16.1	39.8	26.7
Sambalpur	40.7	25.5	36.3	19.7
Subarnapur	29.6	26	34.5	20.5
