

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 3193
TO BE ANSWERED ON 09.08.2024

INTEGRATED CHILD DEVELOPMENT SCHEME

3193. SHRI SHRIRANG APPA CHANDU BARNE:
SHRI ARVIND GANPAT SAWANT:
SHRI SANJAY HARIBHAU JADHAV:

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

- (a) Whether the Government has re-aligned the Integrated Child Development Scheme (ICDS) under the Mission Saksham Anganwadi and Poshan 2.0;
- (b) If so, the details thereof;
- (c) The details of the progress report of ICDS during the last five years including Maharashtra;
- (d) Whether an increase in the rate of stunting and wasting is being observed among children in assessment of the data of different phases of National Family Health Survey;
- (e) If so, the details thereof, State-wise including Maharashtra along with the reasons therefor, and
- (f) The efforts being made by the Government to prevent stunting and wasting in children and result achieved in this regard so far, State-wise including Maharashtra?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI ANNPURNA DEVI)

(a) to (f) Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years in Aspirational Districts and North-East region) were subsumed under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) during the 15th Finance Commission. Mission Poshan 2.0 seeks to address the challenge of malnutrition through improved nutrition content and delivery. This is a universal self-selecting (no entry barriers) scheme available to all the beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs across the

country including the State of Maharashtra. This is a Centrally Sponsored Scheme, where the responsibility of implementation of scheme lies with the States.

Under Mission Poshan 2.0 a strategic shift has been made for reduction in malnutrition and for improved health, wellness and immunity through community engagement, outreach, behavioral change, and advocacy. The Scheme focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce wasting and underweight prevalence beside stunting and anaemia.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to address the intergenerational cycle of malnutrition by adopting a life cycle approach. The Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. To address the challenge of malnutrition more effectively, these norms have been revised. The old norms were largely calorie-specific, however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and control anaemia among women and children. Greater emphasis is being given on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration (THR – not raw ration) at Anganwadi centers for beneficiaries.

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 in children and for reducing associated morbidity and mortality.

Under Mission 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. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during 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 and all Anganwadi workers are required to conduct two Community Based Events every month.

To improve the delivery of supplementary nutrition and Early Childhood Care and Education (ECCE), Government of India has directed States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available. Further, the Government has decided to upgrade all Mini AWCs with one worker to a full- fledged Anganwadi Centre with one worker and one helper.

Under Mission Poshan 2.0, for the 15th Finance Commission cycle, there is a provision of strengthening and upgradation of two lakh Anganwadi Centres located in Government buildings @ 40,000 AWCs per year for improved nutrition delivery and ECCE to beneficiaries. Till date, 92108 AWCs have been sanctioned for upgradation to Saksham Anganwadi.

Moreover, there is a provision of construction of 50,000 new Anganwadi buildings over a period of five years @10,000 AWCs per year. Till date, 34,156 AWCs have been allocated for construction under MGNREGS.

Various rounds of the National Family Health Survey (NFHS) conducted since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

NFHS Survey	Underweight %	Wasting %	Stunting %
NFHS-1 (1992-93)*	53.4	17.5	52
NFHS-2 (1998-99)**	47	15.5	45.5
NFHS-3 (2005-6)***	42.5	19.8	48.0
NFHS-4 (2015-16)***	35.8	21.0	38.4
NFHS-5 (2019-21)***	32.1	19.3	35.5

* Under 4 years

** Under 3 years

*** Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at that time. The table shows that level of malnutrition among children has been generally coming down during the last 30 years.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crore (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health & Family Welfare). However, only 7.65 crore children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per June 2024 data of Poshan Tracker. 7.37 crore of these children were measured on growth parameters. 36.5% of these children have been found to be stunted, 16.4% children have been found to be underweight and 6% children have been found to be wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is 16.1 crore. As per June 2024 data of Poshan Tracker, 8.91 crore children (0-6 years) are enrolled in Anganwadis out of whom 8.57 crore children were measured on growth parameters. 35.6% of these children (0-6 years) have been found to be stunted and 17.2% children (0-6 years) have been found to be underweight.

The State wise data of nutritional status of children is placed at Annexure.

Annexure

ANNEXURE REFERRED IN REPLY TO PART (f) OF LOK SABHA UNSTARRED QUESTION NO. 3193 FOR 09.08.2024 REGARDING "INTEGRATED CHILD DEVELOPMENT SCHEME" ASKED BY SHRI SHRIRANG APPA CHANDU BARNE, SHRI ARVIND GANPAT SAWANT AND SHRI SANJAY HARIBHAU JADHAV.

State wise details of malnourished children in the country for june 2024 from poshan tracker are as follows:

S. No	State	Stunted (%) (0-6 years)	Underweight (%) (0-6 years)	Wasted (%) (0-5 years)
1	Andhra Pradesh	20.96	10.59	5.61
2	Arunachal Pradesh	28	8.5	4.03
3	Assam	39.96	17.17	4.59
4	Bihar	39.99	22.87	9.81
5	Chhattisgarh	17.83	13.34	8.92
6	Goa	5.91	2.39	0.85
7	Gujarat	38.95	23.02	9.16
8	Haryana	23.13	8.31	4.22
9	Himachal Pradesh	17.21	6.5	1.73
10	Jharkhand	38.63	18.35	6.79
11	Karnataka	35.86	17.88	3.9
12	Kerala	30.28	9.42	2.59
13	Madhya Pradesh	40.49	27.59	8.46
14	Maharashtra	42.54	17.8	4.84
15	Manipur	11.65	5.15	0.77
16	Meghalaya	21.93	6.37	0.79
17	Mizoram	22.82	6.19	2.51
18	Nagaland	23.72	6.38	6.45
19	Odisha	22.34	12.35	3.34
20	Punjab	16.67	5.65	3.17
21	Rajasthan	32.82	17.07	6.24
22	Sikkim	12.04	2.36	1.96
23	Tamil Nadu	15	7.24	3.84
24	Telangana	31.49	17.54	6.68
25	Tripura	35.91	16.42	6.65
26	Uttar Pradesh	45.13	19.46	5.07
27	Uttarakhand	22.37	6.07	2.11
28	West Bengal	33.97	12.58	7.87
29	Andaman & Nicobar Islands	13.94	6.65	3.51
30	Dadra & Nagar Haveli – Daman & Diu	38.33	27.52	8.61
31	Delhi	39.39	19.44	3.22
32	J&K	12.41	3.2	1.35
33	Ladakh	12.62	2.73	0.66
34	Lakshadweep	46.29	23.3	13.22
35	Puducherry	32.27	10.88	7.24
36	UT-Chandigarh	19.42	12.11	2.88
	India	35.6%	17.2%	6%