

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 3047
TO BE ANSWERED ON 13.12.2024

MALNUTRITION

3047. SHRI S SUPONGMEREN JAMIR:
SHRI RAJA RAM SINGH:

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

- (a) whether 17 per cent of children under six were underweight, 36 per cent were stunted, and 6 per cent were wasted including 46 per cent stunted in Uttar Pradesh, if so, the details thereof indicating the number of underweight and stunted children, State-wise;
- (b) the steps taken/ proposed to be taken to address malnutrition in children especially in high-burden States and districts, State/ UT-wise and district-wise;
- (c) the steps taken by the Government to monitor and improve child nutrition outcomes effectively along with the resources allocated to States with high percentage of stunted children;
- (d) whether the Government is planning to reduce the high rate of stunting and underweight children particularly in Uttar Pradesh and Lakshadweep having highest percentage of such children, if so, the details thereof and if not, the reasons therefor; and
- (e) the details of the measures taken/ proposed to be taken by the Government to improve access to nutrient rich food for vulnerable population especially in region with high levels of poverty?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SAVITRI THAKUR)

(a) to (e) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition through improved nutrition content and delivery. It is a Centrally Sponsored mission, where the responsibility of implementation lies with the States/UTs.

This is a self-selecting scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs including high burden districts.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sector approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The challenges of malnutrition are being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under this Mission, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It 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 prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. 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 to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate 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 nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare 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	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

* 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 the relevant time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health & Family Welfare). However, only 7.54 crores children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the October 2024 data. 7.31 crores of these children were measured on growth parameters of height and weight. 38.9% of these children have been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health & Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India.

IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery systems at the Anganwadi centres. The 'Poshan Tracker' application was rolled out on 1st March, 2021 as an important IT governance tool. It facilitates monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children.

The mobile application has also facilitated digitization and automation of physical registers used by AWWs that helps in improving their quality of work. Poshan Tracker is available in 24 languages including Hindi and English. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, Early Childhood Care and Education (ECCE), Provision of Hot Cooked Meal /Take Home Ration, Growth Measurement etc.

State wise details of malnutrition indicators for children age (0 - 5 years) are at **Annexure-I.**

State wise details of funds released to States under Mission Poshan 2.0 during the last three years are provided at **Annexure – II.**

ANNEXURE REFERRED IN REPLY TO PART (a) OF LOK SABHA QUESTION NO. 3047 REGARDING “MALNUTRITION” ASKED BY SHRI S SUPONGMEREN JAMIR AND SHRI RAJA RAM SINGH

State wise details of malnutrition indicators for children age (0 - 5 years) from Poshan Tracker for the month of October 2024 are as follows*:

State	Stunted %	Underweight %
Andhra Pradesh	22.6	10.8
Arunachal Pradesh	32.8	9.6
Assam	42.4	16.4
Bihar	43.8	22.9
Chhattisgarh	21.5	13.1
Goa	4.1	1.7
Gujarat	40.8	21
Haryana	28.2	8.7
Himachal Pradesh	18.4	6.3
Jharkhand	43.8	19.3
Karnataka	39.7	17.1
Kerala	34.4	9.5
Madhya Pradesh	46.5	26.5
Maharashtra	47.7	16.5
Manipur	7.7	2.6
Meghalaya	18.2	4.5
Mizoram	26.7	5.9
Nagaland	28	6.6
Odisha	29.1	12.8
Punjab	18.4	5.9
Rajasthan	36.6	17.7
Sikkim	9.2	1.7
Tamil Nadu	13.4	7.1
Telangana	32.6	16.2
Tripura	40.5	16.6
Uttar Pradesh	48	19.4
Uttarakhand	21	5.4
West Bengal	38	13
Andaman & Nicobar Islands	8.7	3.9
Dadra & Nagar Haveli - Daman & Diu	35.9	16.1
Delhi	41.9	20.6
J&K	12.1	3
Ladakh	11	2
Lakshadweep	46.5	25.1
Puducherry	40.2	13
UT-Chandigarh	26.3	11.9

Annexure-II**ANNEXURE REFERRED IN REPLY TO PART (c) OF LOK SABHA QUESTION NO. 3047 REGARDING "MALNUTRITION" ASKED BY SHRI S SUPONGMEREN JAMIR AND SHRI RAJA RAM SINGH**

State/UT wise details of funds released under Mission Poshan 2.0 during the last three years:

S. No.	STATES/UTs	Amount released in ₹crores
1	Andaman and Nicobar Islands	35.71
2	Andhra Pradesh	2278.07
3	Arunachal Pradesh	470.67
4	Assam	5204.84
5	Bihar	5173.81
6	Chandigarh	68.22
7	Chhattisgarh	1855.15
8	Dadra & Nagar Haveli and Daman & Diu	27.10
9	Delhi	477.69
10	Goa	39.49
11	Gujarat	2879.30
12	Haryana	594.07
13	Himachal Pradesh	819.31
14	Jammu & Kashmir	1415.63
15	Jharkhand	1448.19
16	Karnataka	2682.54
17	Kerala	1139.85
18	Ladakh	53.10
19	Lakshadweep	5.43
20	Madhya Pradesh	3220.15
21	Maharashtra	5059.08

22	Manipur	566.15
23	Meghalaya	635.41
24	Mizoram	202.39
25	Nagaland	622.01
26	Odisha	2958.71
27	Puducherry	7.37
28	Punjab	766.70
29	Rajasthan	2748.63
30	Sikkim	79.54
31	TamilNadu	2302.98
32	Telangana	1540.88
33	Tripura	581.47
34	Uttar Pradesh	7798.11
35	Uttarakhand	1067.74
36	West Bengal	3133.50
