

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 5549
TO BE ANSWERED ON 04.04.2025

MICRONUTRIENT DEFICIENCY AMONG CHILDREN

5549. SHRI SUBBARAYAN K:
COM. SELVARAJ V:
SHRI P V MIDHUN REDDY:

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

(a) the percentage of children affected by micronutrient deficiency along with plans of the Government to address the said challenges;

(b) whether micronutrient deficiency in school children can affect their memory, cognition/ working memory, if so, the details thereof;

(c) whether the Ministry has conducted any survey about micronutrient deficiency among children in the country, if so, the details thereof and if not, the reason therefor; and

(d) the details of the incidence of child retardation in the country along with the steps taken to address this challenge?

ANSWER

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

(a) to (d) 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. It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country.

The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

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

Under Mission Poshan 2.0 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 mission, 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 in January 2023. 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 for 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 at least once a week for preparation of Hot Cooked Meal 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 to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans

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.

Ministry of Women & Child Development launched “Anganwadi Protocol for Divyang Children” on 28th November, 2023 with inputs from Department of Empowerment of Persons with Disabilities (DePwD) and Ministry of Health & Family Welfare (MoH&FW). The protocol embodies a Social Model for Divyangjan inclusive care under the POSHAN Abhiyan, with a step-by-step approach comprising of

- Step 1: Screening for early disability signs,
- Step 2: Inclusion in community events and empowering families, and
- Step 3: Referral support via ASHA/ANM & Rashtriya Bal Swasthya Karyakram (RBSK) teams.

The protocol provides guidance to district administration for addressing special needs of Divyang Children relating to education and nutrition. The protocol adopts a social model of disability, as against a purely medical model. It has been simplified for ease of communication, to be more effective on the ground for providing better quality care and service to Divyang children.

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 7.49 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the February 2025 Poshan Tracker data. 7.25 crores of these children were measured on growth parameters of height and weight. 39.09% of them

have been found to be stunted, 16.60% have been found to be underweight and 5.35% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores. As per the February 2025 data of Poshan Tracker, 8.80 crores children (0-6 years) were enrolled in Anganwadis out of whom 8.52 crores were measured on growth parameters of height and weight. 37.75% of these children (0-6 years) have been found to be stunted and 17.19% 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.

The Ministry of Health and Family Welfare (MoHFW) implements Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM). The strategy includes interventions to address nutrition concerns including micronutrient deficiency among children across the country. The interventions are annexed.

Department of Empowerment of Persons with Disabilities on 17.06.2021 has launched single window, Cross Disability Early Intervention Centres (CDEICs) in its various National Institutes (NIs) and Composite Regional Centres (CRCs) to give focused attention to children in the age bracket of 0-6 years. The CDEICs are equipped to provide services for screening and identification facilities for identification of risk cases and referring for appropriate rehabilitative services; Therapeutic Services viz. Speech Therapy, Occupational Therapy, Physiotherapy and Parental/Peer Counseling. At present, 26 CDEICs have been approved in National Institutes and Composite Regional Centres in various States/UTs. As per Census 2011, there were 15.05 lakh mentally retarded persons in the Country.

Annexure

ANNEXURE REFERRED IN REPLY TO PART (a) OF LOK SABHA QUESTION NO. 5549 FOR 4.04.2025 REGARDING “MICRONUTRIENT DEFICIENCY AMONG CHILDREN” ASKED BY SHRI SUBBARAYAN K, COM. SELVARAJ V AND SHRI P V MIDHUN REDDY

The interventions taken by MoHFW to address nutrition concerns including micronutrient deficiency among children are as follows:

1. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications. In addition to curative care, special focus is given to correction of micronutrient deficiencies through supplementation of potassium, magnesium, zinc, iron and vitamin supplements and on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.
2. **Anemia Mukh Bharat (AMB) Programme** is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
3. **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage in children which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counseling on age-appropriate complementary feeding practices.
4. Under **Rashtriya Bal Swasthya Karyakaram (RBSK)**, Children from birth to six years of age are screened at Anganwadi centres and children from 6 years till 18 years of age enrolled in Government and Government aided schools are screened for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management for these identified health conditions.
5. **Lactation Management Centres:** Lactation Management Units (LMU) are facilities established to provide lactation support to facilitate expression of mother's own milk and safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
6. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
7. **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 including nutrition in convergence with Ministry of Women and Child Development.
