

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

**LOK SABHA
UNSTARRED QUESTION NO. 3640
TO BE ANSWERED ON THE 13TH MARCH, 2026**

NUTRITION MAPPING

3640. MD ABU TAHER KHAN:

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

- (a) whether any National Nutrition Emergency Mapping has been conducted to assess districts where child wasting and stunting have crossed WHO "critical levels" and if so, the details thereof;
- (b) whether the Government has taken any cognizance of the rise in malnutrition-linked child deaths reported from tea gardens and tribal villages during the last one year till date, if so, the details thereof;
- (c) whether the Government is likely to deploy mobile medical-nutrition units in high-risk blocks where children are unable to access public health facilities and if so, the details thereof;
- (d) whether the Government proposes to restore doorstep health check-up and growth-monitoring suspended after Covid-19; and
- (e) if so, the details thereof?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

- (a) As per the National Family Health Survey 5 (2019-21), prevalence of stunting and wasting among children under 5 years across the country and state/UT is placed at **Annexure.**

District-wise details of children under 5 years who are stunted and wasted can be accessed from link placed below:

<https://www.nfhsiips.in/nfhsuser/publication.php>

- (b) to (e) Malnutrition is not a direct cause of death in children; however, it reduces resistance to various infections.

The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) and provides support through the National Health Mission based on the proposals received from the States/UTs in their Annual Programme Implementation Plans. The various interventions to improve access to child health and nutrition services including addressing stunting and wasting across the country, including tea gardens and tribal villages are as placed below:

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 of age suffering from Moderate and Severe Acute Malnutrition (MAM and SAM) with medical complications. In addition to curative care, special focus is given on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.

In order to strengthen the effective utilization and improve access to NRCs, allowance for transportation of children under 5 years suffering from acute malnutrition to NRC and admission and follow ups is covered within the Janani Shishu Suraksha Karyakaram (JSSK). Government of India provides support through wage loss compensation provided to mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRC.

2. Mobile Medical Units (MMUs) are operationalized for delivery of preventive, promotive and curative healthcare services to remote, difficult and inaccessible areas including tribal areas, and to the marginalised communities amid rural and urban populations. The services provided pertaining to nutrition include provision of essential medicines and nutritional supplements, growth monitoring of children under 5 years, screening and early detection of anemia followed by management of anemia as per protocols, testing of iodine in food and provision of nutrition counselling to beneficiaries.

3. 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.

4. Mothers' Absolute Affection (MAA) Program is implemented to improve breastfeeding coverage emphasizing on early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.

5. Lactation Management Centres are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, 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 to reduce worm infestation among all children (1-19 years).

7. In Vitamin A Supplementation Programme, all children age 6–59 months are administered Vitamin A dose every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.

8. Community Based care of Newborn and Young Children: Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, structured home visits are performed by ASHAs to improve child rearing practices and promotion of nutritional and development activities among children which includes promotion of early and exclusive breastfeeding, adequate complementary feeding along with continued breast feeding till 2 years, identification of growth

faltering, developmental delay, sickness in children and prompt referral to health facility for treatment and management. Post Covid -19, the home visits to newborn and children continued in the year 2021 by ASHAs in their catchment areas.

9. Under the **Rashtriya Bal Swasthya Karyakram (RBSK)**, children are screened by Mobile Health Teams at Anganwadi Centres and Government/ Government-aided Schools, and those identified for 4D's (Defect at birth, Diseases, Deficiencies and Developmental Delays) are referred to public health facilities for confirmation and management including surgical treatment. Post Covid -19, screening of the children aged 0-18 years resumed in the year 2021 at the Government/ Government-aided schools and Anganwadi centres.
10. **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.

State/UT-wise status of Children under 5 years who are Malnourished

S.no.	State/UT	Children under 5 years who are stunted (height - for-age)	Children under 5 years who are wasted (weight -for-height)
		NFHS 5	NFHS 5
	India	35.5	19.3
1	Andaman & Nicobar	22.5	16
2	Andhra Pradesh	31.2	16.1
3	Arunachal Pradesh	28.0	13.1
4	Assam	35.3	21.7
5	Bihar	42.9	22.9
6	Chandigarh	25.3	8.4
7	Chhattisgarh	34.6	18.9
8	Dadra Nagar Haveli	39.4	21.6
9	Delhi	30.9	11.2
10	Goa	25.8	19.1
11	Gujarat	39.0	25.1
12	Haryana	27.5	11.5
13	Himachal Pradesh	30.8	17.4
14	Jammu and Kashmir	26.9	19.0
15	Jharkhand	39.6	22.4
16	Karnataka	35.4	19.5
17	Kerala	23.4	15.8
18	Ladakh	30.5	17.5
19	Lakshadweep	32.0	17.4
20	Madhya Pradesh	35.7	19.0
21	Maharashtra	35.2	25.6
22	Manipur	23.4	9.9
23	Meghalaya	46.5	12.1
24	Mizoram	28.9	9.8
25	Nagaland	32.7	19.1
26	Odisha	31.0	18.1
27	Puducherry	20.0	12.4
28	Punjab	24.5	10.6
29	Rajasthan	31.8	16.8
30	Sikkim	22.3	13.7
31	Tamil Nadu	25.0	14.6
32	Telangana	33.1	21.7
33	Tripura	23.3	18.2
34	Uttar Pradesh	39.7	17.3
35	Uttarakhand	27.0	13.2
36	West Bengal	33.8	20.3