

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 1110
TO BE ANSWERED ON 4.12.2024

MALNUTRITION AMONG CHILDREN

1110. SHRI SANDOSH KUMAR P:

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

- (a) the State-wise details on the number of under-nourished children for the last five years;
- (b) the reasons for the high percentage of under-nourished children;
- (c) the activities of Asha workers in preventing under nutrition among children; and
- (d) the initiatives taken by Government to prevent under-nutrition among children?

ANSWER

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

(a) to (d) Under 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.

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. 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. 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 Poshan Tracker data shows improvement in malnutrition indicators in children across India.

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 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 Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to 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.

Nutrition goes beyond intake 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. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Ministry of Health & Family Welfare (MoH&FW) is implementing Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program through structured home visits performed by ASHAs to improve child rearing practices including promotion of nutritional activities among children. These activities are as follows:

- Promotion of early initiation and exclusive breastfeeding till 6 months
- Initiation of complementary feeding on time and adequate complementary feeding along with continued breast feeding till 2 years
- Identification of growth faltering and developmental delay as per age appropriate developmental milestone as given in revised MCP Card.
- Iron Folic Acid (IFA) Supplementation and ORS distribution
- Identification and referral of sick children to the health facility

Moreover, Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address undernutrition all across the country.

The State wise details of under-nourished children for the last three years are at **Annexure-I**.

The activities undertaken by ASHA to address undernutrition are explained at **Annexure-II**.

ANNEXURE REFERRED IN REPLY TO PART (a) OF RAJYA SABHA QUESTION NO. 1110 FOR 4.12.2024 REGARDING “MALNUTRITION AMONG CHILDREN” ASKED BY SHRI SANDOSH KUMAR P

State wise details of malnourished children (0-5 years) in the country for October 2022, October 2023 and October 2024 from Poshan Tracker are as follows:

State	Oct, 2022			Oct, 2023			Oct, 2024		
	Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)	Stunted (%)	Wasted (%)	Underweight (%)
Andhra Pradesh	21.2	5.3	10.5	18.2	5.4	8.7	22.6	5.3	10.8
Arunachal Pradesh	33.3	5.3	14.6	27.2	4.6	9.1	32.7	4.1	9.6
Assam	39.0	8.2	19.0	39.0	5.0	15.9	42.4	3.8	16.3
Bihar	42.9	11.0	25.8	45.0	9.0	22.7	43.8	9.2	22.9
Chhattisgarh	39.0	10.4	17.9	29.4	11.3	15.5	21.5	7.0	13.1
Goa	37.2	9.0	16.2	18.8	2.3	5.8	4.1	0.6	1.7
Gujarat	53.6	8.1	23.1	43.6	8.9	20.7	40.8	7.8	21.0
Haryana	30.1	8.5	14.0	25.9	5.7	8.9	28.2	4.1	8.7
Himachal Pradesh	26.1	4.6	10.8	21.7	2.4	7.2	18.4	1.7	6.3
Jharkhand	43.2	12.1	25.9	38.8	8.8	18.8	43.8	6.2	19.3
Karnataka	41.0	8.9	20.7	39.7	7.5	17.5	39.7	3.2	17.1
Kerala	37.2	9.5	15.3	33.1	4.8	10.1	34.4	2.3	9.5
Madhya Pradesh	52.4	9.7	33.0	40.5	8.2	23.6	46.5	6.9	26.5
Maharashtra	49.5	7.1	21.8	48.1	5.6	17.5	47.7	4.1	16.5
Manipur	17.8	2.8	7.6	16.3	1.2	7.7	7.7	0.3	2.6
Meghalaya	27.4	3.1	8.7	24.7	1.8	6.6	18.2	0.4	4.5
Mizoram	20.0	4.2	6.2	23.5	3.7	5.6	26.7	2.3	5.9
Nagaland	27.8	6.9	9.8	22.9	4.6	7.0	28.0	5.3	6.6
Odisha	30.6	5.9	14.7	34.3	4.0	14.8	29.1	2.9	12.8
Punjab	32.9	9.2	12.9	18.0	5.4	7.9	18.4	3.0	5.9
Rajasthan	37.0	11.6	20.0	35.7	7.5	16.7	36.6	5.5	17.7
Sikkim	12.2	2.8	2.7	14.1	2.8	3.1	9.2	1.5	1.7
Tamil Nadu	22.6	6.1	10.5	16.6	4.8	8.1	13.4	3.6	7.1
Telangana	29.6	5.7	14.3	30.8	4.6	13.5	32.6	5.6	16.2
Tripura	36.9	9.2	16.3	37.8	7.2	15.4	40.5	6.3	16.6
Uttar Pradesh	45.2	9.5	21.7	45.7	5.7	19.4	48.0	3.9	19.4
Uttarakhand	31.8	6.7	8.4	33.4	6.3	8.4	21.0	1.5	5.4
West Bengal	41.1	10.1	16.2	38.1	8.6	12.5	38.0	7.5	13.0
Andaman & Nicobar Islands	24.0	6.9	10.8	20.7	4.5	8.2	8.7	2.3	3.9
Dadra & Nagar Haveli - Daman & Diu	52.9	15.4	40.1	45.2	12.5	32.8	35.9	3.3	16.1
Delhi	32.8	4.5	16.5	33.6	4.8	19.1	41.9	3.0	20.6

J&K	14.5	2.5	5.6	18.1	2.5	5.1	12.1	0.7	3.0
Ladakh	27.9	5.3	8.0	15.9	1.8	3.5	11.0	0.2	2.0
Lakshadweep	100.0	0.0	75.0	39.9	11.8	19.4	46.5	11.9	25.1
Puducherry	26.0	9.3	12.0	29.0	7.9	11.6	40.2	6.8	13.0
UT-Chandigarh	36.6	4.5	18.0	34.1	0.7	12.0	26.3	1.8	11.8

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The activities undertaken by ASHA to address undernutrition are explained below:

- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiary age groups - 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. Under AMB Programme, Accredited Social Health Activist (ASHA) mobilizes beneficiaries for uptake of services and also conducts fortnightly home visits to children 6–59 months to equip the mothers with skills to provide biweekly IFA Syrup dose in households.
- **Nutrition Rehabilitation Centers (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 on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices. Under this programme, ASHA are provided incentive for referral of children under five years suffering from Severe Acute Malnutrition (SAM) with medical complications to NRC and follow up of these children after discharge from NRC.
- **Mothers’ Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices through ASHA workers during mother’s meetings and health care provider at health facilities.
- 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). During NDD, ASHA mobilizes children and adolescents to school and Anganwadi centre for albendazole administration.
- **Lactation Management Centres:** Comprehensive Lactation Management Centres. (CLMC) are facilities established to ensure availability of 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. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother’s own breastmilk for consumption by her baby.
- **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. During VHSND, ASHA mobilizes beneficiaries and community to VHSND site for uptake of maternal and child health services.
