

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
UNSTARRED QUESTION NO. 1362
TO BE ANSWERED ON 9.2.2024

ANAEMIC WOMEN IN REPRODUCTIVE AGE GROUP

1362 SHRI DILESHWAR KAMAIT:
SHRI T.R. BAALU:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) Whether India accounts for almost a quarter of the stunted children worldwide and the country's share of anaemic women in the reproductive age group is a substantial one-third of the global numbers;
- (b) If so, the reaction of the Government thereto; and
- (c) The measures taken/being taken by the Government keeping in view the fact that India's food policies have not succeeded in responding adequately to the growing nutrition needs of the people and meet the challenges of the changing times?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI SMRITI ZUBIN IRANI)

(a) to (c) The Government has accorded high priority to the issue of malnutrition and is implementing several schemes/ programs in different Ministries/ Department through States/ UTs to address various aspects related to nutrition. In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mother, Adolescent Girls (14 – 18 years); Early Childhood Care and Education [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0).

Under Mission Poshan 2.0, Supplementary nutrition is provided to beneficiaries 300 days in a year through the network of 13.97 lakh AWC located across the country for bridging the gap in the intake as compared to the recommended dietary intake. Only fortified rice is being supplied to AWCs to meet the requirement of micro nutrient and control anemia among women and children. Greater emphasis is being given on the use of millets for preparation of Hot Cooked Meal and Take Home rations (THR-not raw ration) at Anganwadi centres for Children below 6 years of age, Pregnant Women, Lactating Mothers.

The objectives of Poshan 2.0 are as follows:

- To contribute to human capital development of the country;
- Address challenges of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and well-being; and
- Address nutrition related deficiencies through key strategies.

Steps have been taken to improve nutritional quality and testing in accredited labs, strengthen delivery and leverage technology under Poshan Tracker to improve governance. States/UTs have been advised to promote use of AYUSH systems for prevention of malnutrition and related diseases. A programme to support development of Poshan Vatikas at Anganwadi Centres to meet dietary diversity gap leveraging traditional knowledge in nutritional practices has also been taken up.

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

Further, under Poshan 2.0, for the first time, a digital revolution was ushered in when the Anganwadi Centres were equipped with mobile devices. 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 22 languages including Hindi and English. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding and complementary feeding. States/UTs can see their progress on various indicators on the Poshan Tracker dashboard on monthly basis and can make course correction wherever required.

Streamlining Guidelines have been issued by MWCD on 13th January 2021 on Quality Assurance, Roles and Responsibilities of Duty Holders, procedure for procurement, integrating AYUSH concepts and Data Management and Monitoring through Poshan Tracker for transparency, efficiency and accountability in delivery of Supplementary Nutrition. Nutritional Status and Quality Standards of food items under Supplementary Nutrition, and Transparency is being monitored in Supply Chain Management at State, District and Village Level.

In addition, 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 children thereby reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. Those malnourished children who have medical complications are referred for facility-based care.

The key interventions of MoHFW to improve maternal and child health including nutritional deficiencies and anemia, *inter alia*, are placed at Annexure I.

The data relating to stunted children and anaemic women in the reproductive age group is maintained by Ministry of Health and Family Welfare (MoHFW). The report of NFHS-5 is available on National Family Health Survey portal (http://rchiips.org/nfhs/factsheet_nfhs-5.shtml).

As per the National Family Health Survey 5 (2019-21) conducted by the Ministry of Health & family Welfare, India has shown improvement in the prevalence of stunting among children. The prevalence of stunted children under five years in the country has reduced from 38.4% to 35.5%. Further, the prevalence of anaemia among all women of reproductive age group 15-49 years in the country as per the National Family Health Survey 5 (2019-21) is 57%.

As per the data of Poshan Tracker for the month of December 2023, around 7.44 crore children under 6 years were measured, out of whom 36% were found to be stunted and 17% were found to be underweight and 6% children under 5 years were found to be wasted. The levels of underweight and wasting obtained from Poshan Tracker are much less than that projected by NFHS 5.

ANNEXURE REFERRED IN REPLY TO PART (c) of LOK SABHA UNSTARRED QUESTION NO. 1362 FOR 9.02.2024 REGARDING “ANAEMIC WOMEN IN REPRODUCTIVE AGE GROUP” ASKED BY SHRI DILESHWAR KAMAIT AND SHRI T.R. BAALU, M.P.

Interventions of Nutrition Division of MoHFW to improve maternal and child health including nutritional deficiencies and anaemia are:

1. **Mothers’ Absolute Affection (MAA)** to improve breastfeeding coverage which includes 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.
2. **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
3. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to Severe Acute Malnourished (SAM) children under 5 years of age with medical complications. Under nutritional management of SAM children admitted in NRCs, therapeutic diet is provided during Stabilization phase and during rehabilitation phase. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children, correction of micronutrient deficiencies, improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices and counselling support is provided to mothers for identifying nutrition and health problems in child.
4. **Anemia Mukht Bharat (AMB)** strategy aims 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. The interventions are Prophylactic Iron and Folic Acid Supplementation; Deworming; intensified year-round Behaviour Change Communication Campaign for improving Iron and Folic Acid Supplementation and age appropriate infant and young child feeding practices; testing of anaemia using digital methods and point of care treatment; provision of Iron and Folic Acid fortified foods with focus on harnessing locally available resources; addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis.
5. 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).
