

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

**LOK SABHA**  
**UNSTARRED QUESTION NO. 79**  
TO BE ANSWERED ON 02.02.2024

**MALNUTRITION IN BIHAR**

79. Shri Chandeshwar Prasad

- Will the Minister of Women and Child Development be pleased to state
- Whether there has been an increase in the number of malnourished women and children in Bihar during the last three years and if so, the details and the reasons therefor,
  - Whether the cases of malnutrition are not detected due to faulty methods adopted for diagnosis of malnutrition and if so, the details thereof, and
  - The details of the efforts made by the Government to reduce malnutrition among women and children in the State?

**ANSWER**

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

(a) to (c) The indicators for malnutrition like underweight, and stunting have shown a steady improvement in National Health Family Survey (NHFS) conducted by Ministry of Health & Family Welfare. As per the recent report of NFHS-5 (2019-21), the nutrition indicators for children under 5 years in the State of Bihar have improved as compared with NFHS-4 (2015-16). Stunting has reduced from 48.3% to 42.9%, and Underweight prevalence has reduced from 43.9% to 41%. Additionally, percentage of women whose Body Mass Index (BMI) is below normal ( $BMI < 18.5 \text{ kg/m}^2$ ) has reduced from 30.4% to 25.6%.

As per the data of Poshan Tracker for the month of December 2023 for the State of Bihar, around 96.22 lakh children under 6 years were measured, out of whom 41% were found to be stunted, 24% were found to be underweight and 10% children under 5 years were found to be wasted. The levels of underweight and wasting are much less than that projected by NFHS 5.

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 1<sup>st</sup> 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 Government has accorded high priority to the issue of malnutrition and is implementing several schemes/programmes of different Ministries/Departments through States/UTs to address various aspects related to nutrition. In the 15th FC, 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). Mission Poshan 2.0 focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment of MAM/SAM and Wellness through Ayush practices to reduce wasting and under-weight prevalence besides stunting and anaemia.

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) 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.

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 which have medical complications are referred for facility-based care.

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

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## Annexure I

ANNEXURE REFERRED IN REPLY TO PART (c) of LOK SABHA UNSTARRED QUESTION NO. 79 FOR 2.02.2024 REGARDING "MALNUTRITION IN BIHAR" ASKED BY SHRI CHANDESHWAR PRASAD, M.P.

Interventions of Nutrition Division of MoHFW to improve maternal and child health including nutritional deficiencies 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. **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 Malnutrition (SAM) with medical complications. Under nutritional management of these children admitted in NRCs, therapeutic diet is provided in the form of starter diet during Stabilization phase, followed by Catch up diet for rebuilding wasted tissues 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.
3. **Anemia Mukht Bharat (AMB)** strategy 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. The steps taken to address the problem of anemia are prophylactic Iron and Folic Acid Supplementation in all six target age groups, periodic deworming, intensified year-round Behaviour Change Communication (BCC) Campaign, testing of anemia using digital methods and point of care treatment, addressing non-nutritional causes of anemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis and convergence and coordination with other line departments and ministries for strengthening implementation.
4. 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).
5. **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and childcare including nutrition in convergence with the ICDS.
6. **MCP Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

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