



## Severe Acute Malnutrition in India

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### Why in News

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According to the **Women and Child Development Ministry**, more than **9.2 lakh children** (from six months to six years) in India were '**severely acute malnourished**' till **November, 2020**.

It underscores concerns that the **Covid-19 pandemic** could exacerbate the health and nutrition crisis among the poorest of the poor.

### Key Points

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- **About Severe Acute Malnutrition (SAM) :**

**WHO's Definition:** The **World Health Organisation (WHO)** defines 'severe acute malnutrition' (SAM) by very **low weight-for-height** or a **mid-upper arm circumference less than 115 mm**, or by the presence of **nutritional oedema**.

- Children suffering from SAM are **nine times more likely to die** in case of diseases due to their weakened immune system.
- **Nutritional oedema: Abnormal fluid retention in the tissues** (oedema) resulting especially from lack of protein in states of starvation or malnutrition.

Oedema can, however, occur in starvation even if the blood levels of albumin are not lowered.

- **Related Findings:**

- **Number of SAM Children (National scenario):** An estimated 9,27,606 'severely acute malnourished' children from six months to six years were identified across the country till November 2020.
- **States with SAM Children:**
  - The most in **Uttar Pradesh (3,98,359 ) followed by Bihar (2,79,427)**.  
Uttar Pradesh and Bihar are **also home to the highest number of children** in the country.
  - **Maharashtra (70,665) > Gujarat (45,749) > Chhattisgarh (37,249) > Odisha (15,595) > Tamil Nadu (12,489) > Jharkhand (12,059) > Andhra Pradesh (11,201) > Telangana (9,045) > Assam (7,218) > Karnataka (6,899) > Kerala (6,188) > Rajasthan (5,732)**.
- **States with No Severely Malnourished Children:** Ladakh, Lakshadweep, Nagaland, Manipur and Madhya Pradesh reported no severely malnourished children.

- **National Family Health Survey Findings:**

- The **National Family Health Survey-4 (NFHS-4)**, 2015-16 suggests that prevalence of severe acute malnutrition among children was at 7.4%.
- **NFHS-5** suggests that **malnutrition** increased among children in 2019-20 from 2015-16 in 22 states and UTs.
  - **Stunted:** Around 13 states and UTs out of the 22 surveyed **recorded a rise in percentage of children under five years** who are stunted in comparison to 2015-16.  
**Stunting** is when a child has a low height for their age, usually due to malnutrition, repeated infections, and/or poor social stimulation
  - **Wasted:** 12 states and UTs recorded **a rise in the percentage** of children under five years who are wasted.  
**Wasting** is low weight for their height among children, reflecting acute undernutrition. It is a strong predictor of mortality among children under five years of age.
  - **Severely wasted and underweight:** 16 states and UTs **recorded a rise** in the percentage of children under five years who are severely wasted and underweight in 2019-20.

- **Impact of Covid-19:**

- Covid-19 is pushing millions into poverty, reducing incomes of many more and disproportionately affecting the economically disadvantaged, who are also most vulnerable to malnutrition and food insecurities.
- The pandemic-prompted lockdowns disrupted essential services, such as supplementary feeding under **Anganwadi centres, mid-day meals, immunisation, and micro-nutrient supplementation** which exacerbated malnutrition.

## Steps Taken by Government

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- **POSHAN Abhiyaan:** The government of India has launched the **National Nutrition Mission (NNM)** or **POSHAN Abhiyaan** to ensure a “**Malnutrition Free India**” by 2022.
  - **Anemia Mukd Bharat Abhiyan:** Launched in 2018, the mission aims at accelerating the annual rate of **decline of anaemia from one to three percentage points**.
  - **Mid-day Meal (MDM) scheme:** It aims to **improve nutritional levels among school children** which also has a direct and positive impact on enrolment, retention and attendance in schools.
  - **The National Food Security Act (NFSA), 2013:** It aims to ensure food and nutrition security for the most vulnerables through its associated schemes and programmes, making access to food a legal right.
  - **Pradhan Mantri Matru Vandana Yojana (PMMVY):** Rs.6,000 is transferred directly to the bank accounts of pregnant women for availing better facilities for their delivery.
  - **Integrated Child Development Services (ICDS) Scheme:** It was launched in 1975 and the scheme aims at providing food, preschool education, primary healthcare, immunization, health check-up and referral services to children under 6 years of age and their mothers.

**Note:** The **Sustainable Development Goal (SDG 2: Zero hunger)** aims to end all forms of hunger and malnutrition by 2030, making sure all people – especially children – have access to sufficient and nutritious food all year round.

## Way Forward

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- **Home Based and Facility Based Care:** Covid-19 could further exacerbate the situation with **shrinking food diversity** and **low intake combined** with episodes of missing food at times. The solutions have to be both **home-based care** and **facility-based care**.
- **Build Linkages:** The severe Acute Malnutrition has a direct connection with food availability, utilisation and awareness, the immediate task is to appropriately **build linkages with the government systems** to ensure families receive not just ration/food, but required education and support.
- **Strengthen Nutrition Rehabilitation Centres (NRCs):** The need to strengthen Nutrition Rehabilitation Centres (NRCs) which are meant to treat SAM cases.
  - There are studies that suggest that NRCs have not been very effective.
  - In many cases, it has been seen that SAM cases have been discharged early because either the centre could not continue to keep the same case for a continued period, or the caregivers could not stay for a longer duration at the facility, or there was simply not enough supervision by the higher ups.
- **Designing Customised Menus:** There is the need for designing customised menus in consultation with experts for SAM cases and formulating guidelines.

- **Segregation of SAM Cases:** For administrative and operational convenience, as well as for better accountability, SAM cases could be segregated into smaller units.  
The **responsibility to manage/coordinate and monitor smaller units** could be handed over to independent entities such as medical colleges, local NGOs, women's collectives – under the overall guidance of the District/Block health staff.
- **Role of Anganwadi Centres:** The identification of SAM children was done by over 10 lakh Anganwadi centres from across the country.  
The anganwadis have to **become much more functional** and if the possibility of children reaching anganwadis is going to become hard because of lockdowns, then the anganwadis need to reach the children.

**Source: TH**