

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
UNSTARRED QUESTION NO. 1269
TO BE ANSWERED ON 10.12.2025

Status of Mission POSHAN 2.0 and nutrition

1269. SHRI SUJEET KUMAR:
SHRI SUBHASH BARALA:
SHRI SHAMBHU SHARAN PATEL:
DR.PARMAR JASHVANTSINH SALAMSINH:
SMT KIRAN CHOUDHRY

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

- (a) the current status of introducing millets in the Supplementary Nutrition Program (SNP) across all States;
- (b) the steps taken to ensure the new Poshan Tracker's data integrity, particularly regarding the AWW's real-time growth monitoring inputs;
- (c) whether a new policy has been adopted to increase the honorarium for Anganwadi Workers (AWWs) and Helpers (AWHs);
- (d) the specific targets for reducing anaemia and stunting among children by the end of the 2025-26 fiscal year; and
- (e) whether the Ministry is considering any schemes to specifically address stunting in early childhood?

ANSWER

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

(a): Under Saksham Anganwadi and Mission Poshan 2.0, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (of 14-18 years in Aspirational Districts and North-Eastern region) 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, 2013. These norms were revised in January 2023. 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 for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12). Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per National Food Security Act, 2013 (NFSA). Emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal (HCM) and Take-Home ration (THR) at Anganwadi Centres.

Further, this Ministry is allocating foodgrains i.e. wheat, fortified rice and millets under Wheat Based Nutrition Programme (WBNP) and Scheme for Adolescent Girls (SAG) at subsidised rates through the Department of Food and Public Distribution for preparation of HCM and THR. During the current financial year, millets has been allocated under WBNP to the States /UTs of Andaman and Nicobar Island, Assam, Chandigarh, Chhattisgarh, Dadar and Nagar Haveli and Daman and Diu, Delhi, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Lakshadweep, Manipur, Meghalaya, Sikkim and Uttarakhand and under SAG to Assam, Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Manipur, Meghalaya and Telangana.

(b): Under Saksham Anganwadi and Mission Poshan 2.0, ‘Poshan Tracker’ application was rolled out on 1st March 2021 for leveraging Information Technology system to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi Centres (AWCs). Various Data Protection Safeguards related to privacy exist in Poshan Tracker. Some of the data protection safeguards are mentioned below:

- i. The Poshan Tracker application is used by Anganwadi Workers, and it is not open to the public or any unauthorized party. Access is role-based, logged and monitored to prevent misuse.
- ii. Further, the application's internal database is encrypted, preventing access to sensitive information outside the app environment.
- iii. The data of the beneficiary, which is collected, is subject to all existing data protection protocols, which mandates purpose limitation, informed consent, and access restrictions.
- iv. All requests and responses related to Face Verification are encrypted during transit, ensuring data is protected from interception or tampering.
- v. No images or data are stored permanently on the device. As a precautionary measure, all cached or temporary data is wiped automatically when the AWW logs out of the application.

- vi. The private data is not publicly accessible; it is only available to authorized personnel solely for verification purposes.
- vii. Face images are handled in encoded format within the app to ensure safe processing and transmission.

(c): No, Sir.

(d) and (e): Under the Mission, activities like community engagement, outreach, behavioural change and advocacy are conducted for reduction in malnutrition and for improved health, wellness and immunity of children. 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.

Ministry of Women and Child Development and Ministry of Health and 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. 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. The CMAM protocol includes an appetite test and screening process for children aged 6 months to 6 years who are severely acute malnourished (SAM) or Severely Underweight (SUW). Post-screening, such children are referred to Nutrition Rehabilitation Centres (NRC) or hospital facilities for further care.

Ministry of Health and Family Welfare is implementing the Anaemia Mukht Bharat (AMB) Strategy to reduce prevalence of anaemia among children and women in life cycle approach through implementation of six interventions (Prophylactic Iron and Folic Acid supplementation, Deworming. Intensified behavioural change communication campaign, testing for anaemia and treatment as per management protocols, mandatory provision of IFA fortified food in public health programmes and addressing non nutritional causes of anaemia especially malaria, fluorosis and hemoglobinopathies are implemented via robust institutional mechanism.
