

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

RAJYA SABHA
STARRED QUESTION NO. *106
ANSWERED ON 29.07.2026

CHILD MALNUTRITION AND EFFECTIVENESS OF NUTRITION PROGRAMMES

*106. SMT. RENUKA CHOWDHURY:

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

- (a) The reasons for the continued high prevalence of stunting, wasting and underweight children as reported between NFHS-4 (2015-16) and NFHS-6 (2023-24);
- (b) Whether Government has assessed the reasons for the limited improvement in child nutrition outcomes despite substantial expenditure under various nutrition schemes and, if so, the details thereof;
- (c) Whether any social audit, evaluation or impact assessment of Poshan Abhiyaan and related programmes has been conducted to ascertain their effectiveness in reducing child malnutrition and, if so, the findings thereof; and
- (d) The targeted measures to tackle stunting, wasting and underweight and improve nutrition outcomes among children?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI ANNPURNA DEVI)

(a) to (d) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO PARTS (A) TO (D) IN RESPECT OF
RAJYA SABHA STARRED QUESTION NO. 106 FOR REPLY ON 29.07.2026
REGARDING “CHILD MALNUTRITION AND EFFECTIVENESS OF NUTRITION
PROGRAMMES” ASKED BY SMT. RENUKA CHOWDHURY**

(a) to (d) Malnutrition is a complex and multi-dimensional issue, affected mainly by a number of generic factors including poverty, inadequate food consumption due to access and availability issues, poor maternal infant and child feeding and care practices, poor sanitary and environmental conditions, etc. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. Further, various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health and Family Welfare (MoHFW) have shown improvement in malnutrition indicators in children across the country. Details of these indicators for children between NFHS-4 and NFHS-6 are placed below:

S. No.	Indicator (%)	NFHS-4 (2015-16)	NFHS-6 (2023-24)
1	Children under 5 years who are stunted (Height-for-age)	38.4	29.3
2	Children under 5 years who are underweight (Weight-for-age)	35.8	31.8
3	Children under 5 years who are wasted (Weight-for-height)	21.0	19.0

As a whole of Government approach, high priority has been accorded to the issues of malnutrition in the country. Ministry of Women and Child Development (MoWCD), MoHFW, Department of School Education & Literacy (DoSE&L) and Department of Food and Public Distribution (DFPD), Government of India are continuously undertaking targeted interventions to improve the nutritional status of children in the country.

Mission Poshan 2.0 is a Centrally Sponsored Scheme under MoWCD, to address the challenges of malnutrition in the country. The responsibility for implementation of various activities lies with the States and Union Territories (UTs). The issue of malnutrition being addressed under the Mission by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

In 2021, the World Bank conducted a survey on Poshan Abhiyaan in 11 States. The aim of this survey was to assess the program's delivery of nutrition services, whether the nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices. The findings demonstrated that the services delivered through the Poshan Abhiyaan i.e. the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months

Further, a third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and has found its relevance to be satisfactory for tackling malnutrition in the country. An outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 was conducted again by Development Monitoring and Evaluation Office (DMEO), NITI Aayog (2025). As per study, evidence from institutional assessments and household surveys indicates that digitalization through Poshan Tracker Application has a multi-dimensional impact on nutrition monitoring, Early Childhood Care and Education (ECCE), beneficiary authentication, and service delivery efficiency. Evidence indicated that in its current form, Mission Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach.

Under the Mission Poshan 2.0, significant measures have been taken by the MoWCD to improve nutritional outcomes:

- Supplementary Nutrition in the form of Hot Cooked Meal (HCM) and Take Home Ration (THR) is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. Additional Nutrition is also provided to Severely Acute Malnourished (SAM) children in form of Take-Home Ration (THR).
- One of the major activities undertaken is Community Mobilization and Awareness Advocacy in the form of Jan Andolans (Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April, respectively) to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change.
- Ministry of Women & Child Development and Ministry of Health & Family Welfare have jointly released the Protocol for Management of Malnutrition in Children to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.
- To facilitate digital monitoring and review of the progress of the Mission, Poshan Tracker, an ICT-enabled governance tool has been implemented to monitor nearly 14 lakh AWCs. The Poshan Tracker facilitates evidence-based decision-making by generating relevant data, providing feedback to implementing authorities, documenting programme outcomes, enabling timely corrective interventions, and supporting continuous monitoring and evaluation of the scheme.
- Ministry releases funds to all States and Union Territories for procurement of Smart Phones to Anganwadi Workers (AWWs), Supervisors and Block Coordinators for registration, data entry, tracking and monitoring of all beneficiaries, in the Poshan Tracker application. Funds for Growth Monitoring Devices (Infantometer and Stadiometer for length and height

measurement, Weighing Scale-Infant and Weighing Scale-Mother & Child for weight measurement of the beneficiaries) are also released to all the States and UTs.

- To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at Anganwadi Centres (AWCs).

The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM). This includes interventions to address nutrition concerns among adolescent girls, pregnant women, lactating mothers and children under 5 years, across the country. Details are placed below:

- Nutrition Rehabilitation centers (NRCs) to provide in-patient medical and nutritional care to children under 5 years suffering from Moderate and Severe Acute Malnourishment with medical complications.
- Anemia Mukht Bharat (AMB) addresses the high prevalence of anemia through the 7x7x7 strategy covering seven beneficiary age groups and seven interventions through robust institutional mechanisms.
- Mothers' Absolute Affection (MAA) Programme to improve breastfeeding coverage.
- Under National Deworming Day (NDD) albendazole tablets are administered to reduce the Soil Transmitted Helminth (STH) infestation.
- Lactation Management Centres to ensure availability of safe, pasteurized Donor Human Milk for feeding sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
- In Vitamin A Supplementation Programme, all children age 6-59 months are administered Vitamin A every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.
- Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition in convergence with MoWCD.
