

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO. 380
TO BE ANSWERED ON THE 20TH DECEMBER, 2024**

NUTRITION PROGRAMME IN RAJASTHAN

***380. SHRI RAHUL KASWAN:**

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

- (a) the steps taken/proposed to be taken by the Government to tackle the alarming increase in anaemia and malnutrition as indicated by NFHS-5 data in the State of Rajasthan particularly in Churu Parliamentary Constituency where anaemia among children and women has significantly risen;
- (b) the mechanism in place to sustain and accelerate progress in reducing stunting and wasting in Rajasthan with a focus on Churu Parliamentary Constituency;
- (c) the details of specific nutritional interventions targeting women and children under various Government schemes in Rajasthan; and
- (d) the details of funds allocated and utilized for nutrition programme in Churu Parliamentary Constituency during the last five years?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

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

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 380 FOR 20TH DECEMBER, 2024**

(a) to (c) The Government of India implements several health programmes to address the problem of anaemia and malnutrition among women and children across the country including State of Rajasthan and Churu Parliamentary Constituency. The interventions are placed as under:

1. **Anaemia Mukht Bharat (AMB):** The Government of India implements Anaemia Mukht Bharat (AMB) programme in 6X6X6 strategy to reduce the prevalence of anaemia among six beneficiary groups - Children 6-59 months, Children 5-9 years, Adolescents (10-19 years), Women of reproductive age (15-49 years), pregnant women and lactating mothers in lifecycle approach through six interventions - Prophylactic Iron and Folic Acid supplementation (IFA Red is provided on weekly basis to Women of Reproductive age group and IFA Red tablets are provided daily for 180 days to pregnant women and lactating mothers); Deworming; Intensified year-round behaviour change communication campaign; Testing of anaemia using digital invasive hemoglobinometer and point of care treatment; Mandatory provision of iron and folic acid fortified foods in public health programmes; and addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis, via robust institutional mechanisms.

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 of age suffering from Severe Acute Malnutrition (SAM) with medical complications. In addition, counselling support is provided to mothers for identifying nutrition and health problems in child.

3. **Mothers' Absolute Affection (MAA)** is implemented 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.
4. **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, pre-term and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
5. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
6. Under **Home Based New-born Care (HBNC)** and **Home-Based Care of Young Children (HBYC)** programme, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children.
7. **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
8. **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity for provision of maternal and child care including nutrition in convergence with the ICDS.
9. **MCP Cards** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
10. **Mission Poshan 2.0** is a centrally sponsored scheme which focusses 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 underweight. It includes Supplementary Nutrition Program, Community mobilization and awareness advocacy through Jan Andolan, Supply of fortified rice to AWCs and monitoring through the Poshan tracker application.

(d) The details of funds approved and expenditure for Nutrition programmes for Churu Parliamentary Constituency during the last five years, year-wise from FY 2019-20 to FY 2023-24 (in Rs) as provided by the State of Rajasthan are placed under:

Approvals and Expenditure for Nutrition Programmes under National Health Mission and ICDS for Churu Parliamentary Constituency from period of F.Y. 2019-20 to 2023-24				
	National Health Mission		Integrated Child Development Services (ICDS)	
Years	Approvals (Rs.)	Expenditure (Rs.)	Approvals (Rs.)	Expenditure (Rs.)
2019-20	2448000	1019357	24452543	20393589
2020-21	3245000	972691	13917340	13000930
2021-22	2250000	1444911	34273932	29754512
2022-23	1994000	1719660	6838806	3504674
2023-24	1996000	811406	30326550	28042346