

**GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT**

**LOK SABHA  
UNSTARRED QUESTION NO. 1884  
TO BE ANSWERED ON 6.12.2024**

**ALLOCATION OF FUNDS UNDER POSHAN PROGRAMME**

1884. SHRI THARANIVENTHAN M S:

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

- (a) the key objectives of the Poshan 2.0 programme;
- (b) the amount of funds allocated and utilized under Poshan 2.0 Mission in Tamil Nadu till now;
- (c) the progress made under above said Mission to reduce malnutrition, especially stunting, wasting and underweight children and its impact on maternal health;
- (d) the role of Anganwadi centres and health workers in the implementation of the programme, and the steps being taken to strengthen their capacity and infrastructure;
- (e) the efforts being made to address the nutritional needs of adolescent girls, pregnant women and lactating mothers, especially in rural and tribal areas, State-wise; and
- (f) whether the Government plans to include new interventions under Poshan 2.0, if so, the details thereof?

**ANSWER**

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

(a) to (f) Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a Centrally Sponsored mission, where the responsibility of implementation is with the States/UTs. The objectives of the Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Under this Mission a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community

engagement, outreach, behavioral change, and advocacy. 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.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls 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. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, 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 quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women & Child Development and Health & 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.

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery systems at the Anganwadi centres. The 'Poshan Tracker' application was rolled out on 1st March, 2021 as an important IT governance tool. It facilitates monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 are given below:

| NFHS Survey         | Underweight % | Wasting % | Stunting % |
|---------------------|---------------|-----------|------------|
| NFHS-1 (1992-93)*   | 53.4          | 17.5      | 52         |
| NFHS-2 (1998-99)**  | 47            | 15.5      | 45.5       |
| NFHS-3 (2005-6)***  | 42.5          | 19.8      | 48.0       |
| NFHS-4 (2015-16)*** | 35.8          | 21.0      | 38.4       |
| NFHS-5 (2019-21)*** | 32.1          | 19.3      | 35.5       |

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age at the relevant time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores approximately (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health & Family Welfare). However, only 7.54 crores children up to 5 years are enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the October 2024 data. 7.31 crores of these children were measured on growth parameters of height and weight. 38.9% of these children have been found to be stunted, 17% children have been found to be underweight and 5.2% wasted.

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health & Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across India.

Details of funds released and utilized under Mission Poshan 2.0 in Tamil Nadu till now are at **Annexure-I**.

Details of role of Anganwadi centers and health workers in the implementation of the programme and the steps taken to strengthen their capacity and infrastructure are provided at **Annexure – II**.

State wise details of adolescent girls, pregnant women and lactating mothers as per Poshan Tracker are provided at **Annexure – III**.

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**ANNEXURE REFERRED IN REPLY TO PART (b) OF LOK SABHA QUESTION NO. 1884 FOR 6.12.2024 REGARDING “ALLOCATION OF FUNDS UNDER POSHAN PROGRAMME” ASKED BY SHRI THARANIVENTHAN M S**

Details of funds released and utilized under Mission Poshan 2.0 in Tamil Nadu till now are as follows:

| <b>Funds</b> | <b>Released (in crore)</b> | <b>Utilized (in crore)</b>          |
|--------------|----------------------------|-------------------------------------|
| 2021-22      | 655.38                     | 681.28                              |
| 2022-23      | 766.81                     | 741.30                              |
| 2023-24      | 880.79                     | Utilization Certificate not yet due |
| 2024-25      | 493.87*                    | Still being utilized                |

\* funds released up to 20 November 2024

**ANNEXURE REFERRED IN REPLY TO PART (d) OF LOK SABHA QUESTION NO. 1884 FOR 6.12.2024 REGARDING “ALLOCATION OF FUNDS UNDER POSHAN PROGRAMME” ASKED BY SHRI THARANIVENTHAN M S**

Role of Anganwadi centers and health workers in the implementation of the programme and the steps taken to strengthen their capacity and infrastructure are as follows:

(a) Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them real-time monitoring of all activities going on simultaneously.

In addition to AWWs, Smartphones are provided to Supervisors and Block Coordinators. Similarly, data recharge support is provided to AWWs, Supervisors and Block Coordinators.

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and for making timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring devices like infant meter, stadiometer, weighing scale-infant, weighing scale – Mother & Child.

National eGovernance Division (NeGD) regularly conducts field level trainings/workshops directly for Anganwadi Workers regarding use of the Poshan Tracker Application. Multiple rounds of trainings have been held both virtually and physically, in various districts across the country.

Poshan Bhi Padhai Bhi (PBPB) launched by MWCD in 2023 is a path breaking Early Childhood Care and Education (ECCE) program to ensure that India has a high-quality pre-school network with well-trained Anganwadi workers which is in alignment with the National Education Policy (NEP) 2020.

PBPB advocates for a play-based, joyful low-cost Teaching Learning Materials (TLMs), Do-It-Yourself (DIY) kit, activity-based learning pedagogy, targeted specifically at developmental milestones of 0-3-yearold children as well as 3-6-year old children. It also advocates using simple teaching-learning material and indigenous toys which are locally sourced and culturally acceptable.

A Two-Tier Training Implementation Model is being followed throughout the country for Training of functionaries. Tier 1 involves two days training of State Level Master Trainers (SLMTs). Tier 2 involves a 3 Days Training of Anganwadi Workers (AWWs). Up to 2nd December 2024, 21722 SLMTs have been trained under PBPB programmes in 719 Districts of 35 states and 42,308 Anganwadi Workers have been trained in 182 Districts of 20 States. The Ministry has allocated funds to the tune of Rs. 476.06 Crores for FY 2023-24, 2024-25 and 2025-26 for training.

(b) In order to improve the infrastructure facility of Anganwadi Centres (AWCs), various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets at Anganwadi Centres from Rs.10,000/- to Rs.17,000/- and Rs.12,000/- to Rs.36,000/- respectively.

Under Mission Poshan 2.0, there is a provision of construction of 50,000 AWCs buildings over a period of five years @10,000 AWCs per year. The cost norms for construction of Anganwadi Centres in convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) have been revised from Rs.7 Lakh per AWC to Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15<sup>th</sup> Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, National Rural Employment Guarantee Act (NREGA), Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available.

During the 15<sup>th</sup> Finance Commission cycle, 2 lakh Anganwadi Centres @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are to be provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.

Further, the Government has also decided to upgrade all Mini AWCs with one worker to full-fledged Anganwadi Centres with one worker and one helper each.

(c) Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address undernutrition all across the country. The activities undertaken by ASHA to address undernutrition are as follows:

- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiary age groups - 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. Under AMB Programme, Accredited Social Health Activist (ASHA) mobilizes beneficiaries for uptake of services and also conducts fortnightly home visits to children 6–59 months to equip the mothers with skills to provide biweekly IFA Syrup dose in households.
- **Nutrition Rehabilitation Centers (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 Malnourishment (SAM) with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices. Under this programme, ASHA are provided incentive for referral of children under five years suffering from Severe Acute Malnutrition (SAM) with medical complications to NRC and follow up of these children after discharge from NRC.

- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices through ASHA workers during mother's meetings and health care provider at health facilities.
- 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). During NDD, ASHA mobilizes children and adolescents to school and Anganwadi centre for albendazole administration.
- **Lactation Management Centres:** Comprehensive Lactation Management Centres. (CLMC) are facilities established to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.
- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care including nutrition in convergence with Ministry of Women and Child Development. During VHSND, ASHA mobilizes beneficiaries and community to VHSND site for uptake of maternal and child health services.

**ANNEXURE REFERRED IN REPLY TO PART (e) OF LOK SABHA QUESTION NO. 1884 FOR 6.12.2024 REGARDING "ALLOCATION OF FUNDS UNDER POSHAN PROGRAMME" ASKED BY SHRI THARANIVENTHAN M S**

State wise number of adolescent girls, pregnant women and lactating mothers are as follows\*:

| SN | State Name                            | Pregnant Woman   | Lactating Mother | Adolescent Girls** |
|----|---------------------------------------|------------------|------------------|--------------------|
| 1  | Andaman & Nicobar Islands             | 681              | 613              |                    |
| 2  | Andhra Pradesh                        | 2,23,877         | 2,07,140         | 54,320             |
| 3  | Arunachal Pradesh                     | 2,293            | 1,719            | 15,932             |
| 4  | Assam                                 | 1,55,137         | 81,154           | 3,81,190           |
| 5  | Bihar                                 | 5,87,049         | 3,36,600         | 1,91,919           |
| 6  | Chhattisgarh                          | 1,72,092         | 1,10,436         | 1,10,948           |
| 7  | Dadra & Nagar Haveli -<br>Daman & Diu | 3,286            | 2,042            |                    |
| 8  | Delhi                                 | 62,358           | 57,447           |                    |
| 9  | Goa                                   | 3,491            | 3,766            |                    |
| 10 | Gujarat                               | 2,09,939         | 1,75,508         | 66,550             |
| 11 | Haryana                               | 1,10,868         | 90,655           | 14,579             |
| 12 | Himachal Pradesh                      | 34,267           | 32,700           | 16,740             |
| 13 | J&K                                   | 38,036           | 39,348           | 22,333             |
| 14 | Jharkhand                             | 1,55,922         | 90,619           | 2,64,371           |
| 15 | Karnataka                             | 3,10,877         | 2,21,252         | 65,041             |
| 16 | Kerala                                | 1,09,088         | 96,811           | 18,380             |
| 17 | Ladakh                                | 690              | 821              |                    |
| 18 | Lakshadweep                           | 376              | 424              |                    |
| 19 | Madhya Pradesh                        | 4,32,353         | 3,16,315         | 1,52,296           |
| 20 | Maharashtra                           | 2,86,249         | 2,53,865         | 1,09,307           |
| 21 | Manipur                               | 10,763           | 7,886            | 45,477             |
| 22 | Meghalaya                             | 7,803            | 6,544            | 43,241             |
| 23 | Mizoram                               | 5,544            | 3,490            | 19,250             |
| 24 | Nagaland                              | 1,134            | 1,224            | 25,529             |
| 25 | Odisha                                | 2,79,760         | 1,94,658         | 2,64,220           |
| 26 | Puducherry                            | 2,955            | 2,928            |                    |
| 27 | Punjab                                | 90,773           | 86,037           | 34,048             |
| 28 | Rajasthan                             | 3,09,196         | 2,34,130         | 41,786             |
| 29 | Sikkim                                | 1,298            | 1,197            | 8,098              |
| 30 | Tamil Nadu                            | 2,62,379         | 2,28,994         | 43,943             |
| 31 | Telangana                             | 98,402           | 61,646           | 26,335             |
| 32 | Tripura                               | 15,335           | 8,489            | 34,786             |
| 33 | UT-Chandigarh                         | 3,182            | 2,810            |                    |
| 34 | Uttar Pradesh                         | 15,52,687        | 10,35,505        | 2,04,097           |
| 35 | Uttarakhand                           | 61,387           | 49,761           | 72,836             |
| 36 | West Bengal                           | 5,26,502         | 3,74,306         |                    |
|    | <b>Total</b>                          | <b>61,28,029</b> | <b>44,18,840</b> | <b>23,47,552</b>   |

\* Data is as on October 2024 from Poshan Tracker

\*\* Adolescent girls are only in Aspirational districts and North-Eastern region

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