

GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA
STARRED QUESTION NO. 94
TO BE ANSWERED ON 25.07.2025

POSHAN Abhiyaan

94. SMT. PRATIMA MONDAL:

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

- (a) the comprehensive update on the implementation status of the Poshan Abhiyaan, along with the progress in achieving target for reducing stunting, wasting and anemia among children and women;
- (b) the details of the initiatives undertaken to ensure the effective implementation of the juvenile justice (Care and Protection of Children) Act, 2015, especially regarding the functioning of Child Welfare Committees and Juvenile Justice Boards; and
- (c) the manner in which Ministry leveraging technology through platforms such as POSHAN Tracker and eSakhi to strengthen program for delivery and beneficiary tracking?

ANSWER

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI ANNPURNA DEVI)

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

**STATEMENT REFERRED TO IN REPLY TO PARTS (A) TO (C) OF LOK SABHA
STARRED QUESTION NO. 94 TO BE ANSWERED ON 25.07.2025 REGARDING
“POSHAN ABHIYAAN”**

(a) 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 for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is being implemented across the country.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism which are influenced by factors like sanitation, education and access to safe drinking water. 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. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

Under Mission Poshan 2.0 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.

As on date, 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and education. Saksham Anganwadis are 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. The Government has also taken a policy decision to upgrade all Mini AWCs to a full-fledged Anganwadi Centres with one worker and one helper each to help in carrying out various responsibilities under Mission Saksham Anganwadi and Poshan 2.0 including responsibilities related to Early Childhood Care & Education. Sanction for upgradation of 88,716 Mini-AWCs has been issued till date.

The nutritional norms have been revised and upgraded in January, 2023. 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 at least once a week for preparation of Hot Cooked Meal 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.

Community Mobilization and Awareness Advocacy is undertaken to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans 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.

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

- * 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 7.36 crores children up to 5 years were enrolled in Anganwadis and registered on Poshan Tracker of the Ministry of Women & Child Development as per the June, 2025 data. 7 crores

of these children were measured on growth parameters of height and weight. 37.07% of them have been found to be stunted, 15.93% have been found to be underweight and 5.46% wasted.

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

The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address malnutrition and anemia across all States/UTs in the country. One of the interventions is Anemia Mukht Bharat.

Anemia Mukht Bharat (AMB) a flagship programme of Government of India under Ministry of Health & Family Welfare (MoH&FW), launched in 2018, aims to reduce the prevalence of anemia through 6X6X6 strategy implemented among the six target beneficiaries-children 6-59 months, children 5-9 years, adolescents 10-19 years, women of reproductive age group, pregnant women and lactating mothers; through six interventions implemented via six institutional mechanisms for all stakeholders. The six interventions for AMB strategy include:

1. Prophylactic Iron and Folic Acid (IFA) supplementation to all six beneficiaries
2. Deworming
3. Intensified Behaviour Change Communication Campaign focusing on four key behaviours- improving compliance to IFA supplementation and deworming, appropriate infant and young child feeding practices, increase in intake of iron-rich food through diet diversity/quantity/frequency and/or fortified foods and ensuring delayed cord clamping in health facilities
4. Testing and treatment of anemia, using digital methods and point of care treatment,
5. Mandatory provision of Iron and Folic Acid fortified foods in government funded public health programmes.
6. Intensifying awareness, screening, and treatment of non-nutritional causes of anemia

(b) The Ministry of Women and Child Development is administering the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and well-being of children. The Act provides for protection of children in need of care and protection and those in conflict with law by catering to their basic needs through care, protection, development, treatment and social re-integration. It defines standards of care and protection to secure the best interest of child.

Under the JJ Act, 2015 (Sections 27-30), the Child Welfare Committees have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. They are also mandated to monitor the functioning of the Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards are empowered to take decisions regarding the welfare of children in conflict with law (Sections 04-09). At the national and state level, the JJ Act, 2015 provides the National/State Commissions for Protection of Child Rights to monitor the implementation of the Act (Section 109). The National Commission for Protection of Child Rights (NCPCR) was constituted in 2007 to ensure protection of rights of all children.

Under section 54 of the Juvenile Justice (Care and Protection of Children) Act, 2015, the State Governments have to appoint Inspection Committees and under section 53, to assess the basic facilities and infrastructure of the Institution for maintaining their standards. Also, section 32 to 34 of JJ Act, 2015 mentions the procedure for mandatory reporting including offence for non-reporting and penalty. Amendments in JJ Act in 2021 have made District Magistrate as the nodal authority in district for childcare and protection. He also has powers of inspection of CCIs.

Further, the Ministry regularly follows up with the State/ UT Governments so as to ensure that Child Care Institutions (CCIs) adhere to standards of care as per the JJ Act, 2015 provisions. Various advisories have been sent to all State/UTs regarding mandatory inspection of all CCIs.

The Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely, 'Mission Vatsalya' in all States and UTs to deliver various services for children in difficult circumstances on a pre-defined cost sharing basis. The scheme includes both institutional care and non-institutional care services. The Child Care Institutions (CCIs) established under the scheme support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. and covers both rural and urban children. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection.

(c) The Poshan Tracker facilitates monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as daily attendance, ECCE, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The data entered by Anganwadi Workers in the Poshan Tracker is reflected at dashboard at all administrative levels, for better monitoring and increased effectiveness of the program. It is available in 24 languages.

SMS is being sent to beneficiaries upon registration and on delivery of THR for increased transparency. For last mile tracking of Service Delivery, MWCD has developed Facial Recognition System (FRS) for the distribution of Take-Home Ration to ensure that benefit is given to the intended beneficiary registered in Poshan Tracker.

Further, Beneficiary module has been introduced in the Poshan Tracker which has a feature for self-registration by the beneficiary by selecting nearest Anganwadi centre. The facility to do own FRS is also available in this module. Further, existing beneficiaries can also view the facilities availed by them. The App also offers counselling videos on key behaviour and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.

The Home Visit Module of the Poshan Tracker application manages and tracks home visits conducted by Anganwadi Workers (AWW) for Pregnant Women, lactating Mothers and 0 to 3 years children. Migration facility is available in Poshan Tracker Application. By using the feature, migrant workers or their children can now access Anganwadi services wherever

they live. A beneficiary, enrolled at any Anganwadi, is able to avail same services and get the hot cooked meals and rations at a centre in another district of the same state or in a different state by citing the Aadhaar-enabled registration details available on the Poshan platform.

Ministry of Women and Child Development is not implementing e-Sakhi scheme.
