

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

**LOK SABHA**  
**UNSTARRED QUESTION NO. 2260**  
TO BE ANSWERED ON 12.12.2025

**POSHAN 2.0**

2260. DR. D RAVI KUMAR:

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

- (a) whether the Government has compiled district-wise data on nutritional outcomes among tribal women and children under Poshan 2.0 till September, 2025;
- (b) if so, details of the prevalence of anaemia and undernutrition among tribal populations above the national average, State-wise and district-wise;
- (c) whether the Ministry has assessed the impact of Tribal Health/Wellness Centres and Poshan Vatikas in improving these indicators; and
- (d) if so, the key findings thereof alongwith the timeline by which such an evaluation report is expected to be made public?

**ANSWER**

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

**(a) & (b):** The 'Poshan Tracker' application was rolled out on 1st March 2021 as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, underweight prevalence among children. The detail of malnutrition indicators, State-wise, district-wise, including in tribal districts is available at: <https://www.poshantracker.in/statistics>

Details of prevalence of Anaemia among Women (15-49 years) in Tribal Population of India as per NFHS-5 (2019-2020) are placed in **Annexure I**.

**(c) & (d):** A key component of the Mission Poshan 2.0 is to enable the right kind of nourishment through Poshan Vatikas or Nutri-gardens that are being set up across the country

to provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs.

Poshan Vatikas help to meet the important dietary diversity gap that has been repeatedly revealed in different surveys by providing different fruits, nuts, herbs, medicinal plants and vegetables round the year. The main objective of introducing the concept of Poshan Vatika is to encourage community members to cultivate local food crops in their backyards. A nutrition garden ensures an inexpensive, regular and handy supply of fresh fruits and vegetables that are basic to good nutrition. Green vegetables and seasonal fruits contain vitamins and minerals that protect against micro-nutrient deficiencies and diseases.

In 2021, the World Bank conducted a survey in 11 priority States (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) to assess the program's delivery of nutrition services. The findings demonstrated that the services delivered under the Poshan Abhiyaan – 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.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and in 2025 for Saksham Anganwadi and Poshan 2.0 and has found its relevance to be satisfactory for tackling malnutrition in the country.

Ayushman Arogya Mandirs (AAMs) [erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs)] is an attempt to move from a selective approach to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. It has two components which are complementary to each other. Ayushman Arogya Mandirs are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.

As reported by States/UTs on AAM portal, a total of 1,80,906 Ayushman Arogya Mandirs (AAMs) [erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs)] have been operationalized by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs) in India, till 31.10.2025.

Development Monitoring and Evaluation Office (DMEO), NITI Aayog has commissioned evaluation of AAM programme in July 2024 assessing its implementation and impact. The study highlights several encouraging outcomes, including significant improvements in infrastructure and increased community footfall because of wider access to Comprehensive Primary Health Care services—especially for NCD management, general Out-Patient

Department (OPD) care, free medicines and diagnostics. The introduction of Community Health Officers has strengthened frontline service delivery and digital tools such as e-Sanjeevani have expanded access to specialist care.

Under NHM, the performance of various health programmes is also regularly monitored in all the States/UTs, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

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**Annexure I****ANNEXURE REFERRED IN REPLY TO PART (b) OF LOK SABHA QUESTION NO. 2260 FOR 12.12.2025 REGARDING “POSHAN 2.0” ASKED BY DR. D RAVI KUMAR**

The State wise details of prevalence of Anaemia among Women (15-49 years) in Tribal Population of India as per NFHS-5 (2019-2020) is as follows:

<b>Sr. No.</b>	<b>States/UTs</b>	<b>Anaemia among Women (15-49 years)</b>
1	Andaman & Nicobar Island	30.5
2	Andhra Pradesh	62.6
3	Arunachal Pradesh	36.3
4	Assam	69.2
5	Bihar	64.7
6	Chandigarh	0
7	Chhattisgarh	70.9
8	Dadra & Nagar Haveli	70.9
9	Delhi	51.5
10	Goa	42.5
11	Gujarat	78.3
12	Haryana	64.2
13	Himachal Pradesh	53.8
14	Jammu & Kashmir	68.6
15	Jharkhand	72
16	Karnataka	46.2
17	Kerala	52.9
18	Ladakh	92.4
19	Lakshadweep	24.2
20	Madhya Pradesh	64.2
21	Maharashtra	59.7
22	Manipur	26.8
23	Meghalaya	53.3
24	Mizoram	34.3
25	Nagaland	27.7
26	Odisha	71.7
27	Puducherry	67.3
28	Punjab	54.4

29	Rajasthan	61.6
30	Sikkim	42.6
31	Tamil Nadu	59
32	Telangana	64
33	Tripura	66.8
34	Uttar Pradesh	51.1
35	Uttarakhand	56
36	West Bengal	82.4

Source: Ministry of Health and Family Welfare.

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