

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

**LOK SABHA**  
**UNSTARRED QUESTION NO. 924**  
TO BE ANSWERED ON 05.12.2025

**GLOBAL HUNGER INDEX**

924. ADV. CHANDRA SHEKHAR:

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

- (a) whether the Government is aware that India continues to rank a dismal 102 out of 123 countries in the Global Hunger Index 2025 with a 'serious' score of 25.8 including 12% undernourishment and 32.9% child stunting;
- (b) if so, the details of child stunting and undernourishment as per Global Hunger index 2025 along with the reasons for this persistent failure despite repeated assurances thereof State-wise;
- (c) the details of the specific, time-bound interventions launched in 2025-26 to check child stunting and wasting rates; and
- (d) the details of the budgetary allocations made for these interventions and the measurable outcomes targeted by March 2026?

**ANSWER**

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

(a) to (d): Global Hunger Index is published by 3 Non-Government Organizations (viz., Welt Hunger Hilfe of Germany, Concern Worldwide of Ireland and Institute for International Law of Peace and Armed Conflict of Germany). It is a flawed measure of 'Hunger' and does not reflect India's true position. Three out of four of its constituent indicators namely, Stunting, Wasting and Under Five Mortality Rate are actually related to health and nourishment levels of children. They cannot be projected to reflect prevalence of hunger in the overall population. Only one indicator, Prevalence of Undernourishment (PoU), is directly related to hunger, and even this indicator suffers from significant methodological and data limitations. Owing to the probabilistic nature of its estimation and uncertainties in underlying parameters, the precision of PoU estimates is generally low. The other two indicators, viz., stunting and wasting, are not measures of hunger, but outcomes of multiple complex factors including sanitation, environmental conditions, disease burden, maternal health, genetics, and food utilisation. Similarly, the fourth indicator, i.e., Under Five Mortality Rate, is influenced by a wide set of determinants such as access to healthcare, immunisation coverage, sanitation and hygiene, safe drinking water, and overall socio-economic conditions. In view of these shortcomings, the

methodology adopted by GHI is ‘flawed’ and it cannot be taken to reflect hunger in the overall population.

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 (2005-06)***	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
Poshan Tracker (October 2022)***	39.87	19.38	8.61
Poshan Tracker (October 2025)***	33.54	14.41	5.03

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country. The State/UT wise data from Poshan Tracker, on Stunting, wasting and underweight is available at the link: <https://www.poshantracker.in/statistics>

In the 15<sup>th</sup> Finance Commission cycle, 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 across the country.

IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery support systems at the Anganwadi Centres. ‘Poshan Tracker’ application is an important digital governance tool under Mission Saksham Anganwadi and Poshan 2.0 of the Ministry. Poshan Tracker facilitates monitoring and tracking of Anganwadi Centres, Anganwadi Workers and beneficiaries on several operational parameters. Number of beneficiaries in Poshan Tracker is 8,87,69,382 (including Pregnant women, Lactating Mothers, Adolescent Girls, and Children-0-6 years) as in October 2025.

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. Supplementary Nutrition in the form of Hot Cooked Meal and Take Home Ration is provided to Children (aged 6 months to 6 years), Pregnant

Women & Lactating Mothers (PWLM) and Adolescent Girls registered in Anganwadi centers to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Under this Mission, another major activity is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two CBEs every month.

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism of nutrients. This process is 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 in a convergent manner. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

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. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care.

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 nutrition concerns among women and children across the country as placed below:

- 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 with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.
- 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.
- Anemia Mukht Bharat (AMB) strategy is implemented to reduce prevalence of anemia among children and women in life cycle approach through implementation of six interventions (Prophylactic Iron and Folic Acid supplementation, Deworming, Intensified behavioral change communication campaign, Testing for anemia and treatment as per management protocols, Mandatory provision of IFA fortified food in public health programmes and Addressing non nutritional causes of anemia especially malaria, flourosis and hemoglobinopathies) via robust institutional mechanism.
- 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).

Under Saksham Anganwadi and POSHAN 2.0, a total outlay of ₹21,960 crore has been earmarked for FY 2025-26. Percentage of children (aged 6 months to 6 years) measured for height and weight on a monthly and cohort basis out of total children registered on Poshan Tracker; Percentage of Pregnant Women & Lactating Mothers (PWLM) received Supplementary Nutrition on a cohort basis out of total PWLM registered on Poshan Tracker; Percentage reduction in children who are wasted within the same cohort; Percentage reduction in children who are underweight within the same cohort etc., are a few measurable output/outcome indicators.

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