

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

LOK SABHA  
**STARRED QUESTION \*311**  
TO BE ANSWERED ON 13.03.2026

**SEVERE ACUTE MALNUTRITION**

\*311. SHRI RAHUL KASWAN:

SHRI BRIJENDRA SINGH OLA:

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

- (a) whether the children with Severe Acute Malnutrition (SAM) are at higher risk of death from illness due to weakened immunity, if so, the details thereof;
- (b) whether the Government has directed the States and Union Territories to identify, register and regularly monitor children with SAM;
- (c) if so, the number of such children identified till date along with the response of the States/UTs thereto including Rajasthan; and
- (d) the details of the steps/relief measures currently being taken by the Government to eradicate, prevent and provide treatment to the children suffering from SAM along with the status of their implementation?

**ANSWER**

MINISTER OF WOMEN AND CHILD DEVELOPMENT  
(SHRIMATI ANNPURNA DEVI)

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

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**STATEMENT REFERRED TO IN REPLY TO PARTS (A) TO (D) OF LOK SABHA STARRED QUESTION NO. 311 TO BE ANSWERED ON 13.03.2026 REGARDING “SEVERE ACUTE MALNUTRITION”**

(a)to(d) Severe Acute Malnutrition (SAM) is a form of malnutrition in children below five years of age, characterised by very low weight in relation to height. As per the Cause of Death Report (2021-23) released by the Sample Registration System-Registrar General of India (SRS-RGI), malnutrition has not been identified as a direct cause of death in the children under 0-4 years in India. According to the report, major causes of child death in India under mentioned age group are Pneumonia (Rural-16.5%, Urban-14.7%), Birth asphyxia & birth trauma (Rural-9.7%, Urban-10.6%), Diarrhoeal diseases (Rural-4.4%, Urban-3.8%), Fever of unknown origin (Rural-4.2%, Urban-2.8%), Prematurity & low birth weight (Rural-30.3%, Urban-32.5%), Congenital anomalies (Rural-5.5%, Urban-7%), Other Non-Communicable Diseases (Rural-8%, Urban-10.1%), Injuries (Rural-4.4%, Urban-3%), Sepsis (Rural-3.9%, Urban-3.4%), Ill-defined or cause unknown (Rural-9.9%, Urban-9.3%) etc. Details are available in the Report at the given link: <https://censusindia.gov.in/nada/index.php/catalog/46176>.

Government has accorded high priority to the issue of malnutrition in the country and has taken several initiatives to break the intergenerational cycle of malnutrition. Adopting a whole of Government approach, both the Ministry of Women and Child Development and Ministry of Health and Family Welfare undertake targeted interventions to improve the health and nutritional status of children in the country, including identification and management of children with Severe Acute Malnutrition.

Under Mission Saksham Anganwadi and Poshan 2.0, Anganwadi worker undertakes regular Growth Monitoring of registered children (under 6 years of age) at Anganwadi Centre by recording height and weight every month in the Poshan Tracker Application. On the basis of this information, the nutritional status of the children is assessed, including Severe Acute Malnutrition (SAM). The details of children who underwent growth measurement at Anganwadi Centres (AWCs) and percentage of identified SAM children for all the States and UTs including the State of Rajasthan are available at the link: <https://www.poshantracker.in/statistics>.

Under Mission Poshan 2.0, interventions have been designed to meet the nutrition requirements of the registered beneficiaries that is adolescent girls, pregnant women, lactating mothers and children, by adopting a lifecycle approach. The details of the interventions being taken to address malnutrition among children are as under:

- Anganwadi Workers undertake a total of 22 home visits for counselling of parents and caregivers with a special emphasis on promoting optimal nutrition and care practices.
- To educate people on adoption of good nutrition habits, sensitisation activities are conducted in the form of Jan Andolans during Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April respectively. Since 2018, more than 150 crore Jan Andolan activities have been conducted through 15 Jan Andolans.
- The bi-monthly Community Based Events (CBEs) at Anganwadi Centres have also served as a significant strategy in changing nutritional practices among people. Since 2018, 9.55 crore CBEs have been reported by the States and UTs.

- To improve diet-diversity and increase the intake of micronutrients, particularly in the younger ages, Poshan Vatikas are being set up at Anganwadi Centers across the country.

Identification of malnourished children including Severe Acute Malnutrition (SAM) and their treatment and management at the community level is also one of the integral components of the Mission Poshan 2.0. Accordingly, a Protocol for Management of Malnutrition in Children has been jointly released by Ministry of Women and Child Development and Ministry of Health and Family Welfare in 2023. The protocol provides detailed 10 steps for identification and management of malnourished children at the Anganwadi level. These steps majorly include growth monitoring and identification of SAM children, conducting appetite test, nutritional management, referral for medical assessment and further care for children with medical complications, nutrition and health counselling and follow up visits by the Anganwadi Worker.

Further, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (14-18 years) in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013, with special provisions for undernourished children. A normal child is provided 200 Kcal and 08-10 gram protein for 6-12 months age; 400 Kcal and 15-20 gram protein for 1-3 years age; and 400 Kcal and 15-20 gram protein for 3-6 years, along with recommended 7 essential micronutrients. Whereas, a SAM child is provided 400 Kcal and 15-20 gram protein for 6-12 months age; 700 Kcal and 25-30 gram protein for 1-3 years age; and 800 Kcal and 25-30 gram protein for 3-6 years age, along with recommended 7 essential micronutrients.

Additionally, Anganwadi Workers, during Home Visits, sensitize parents and caregivers of SAM children on nutrition, diet quality, and optimal Infant and Young Child Feeding practices, including quality and adequacy of age-appropriate complementary feeding, and WASH practices.

In addition to the above interventions, **Ministry of Health and Family Welfare** implements the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a lifecycle approach under National Health Mission (NHM), which includes interventions for addressing Infant Health and Child Nutrition, as placed below:

- Nutrition Rehabilitation Centres (NRCs), which are approximately 1198 in number, are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years of age suffering from Moderate and Severe Acute Malnutrition (MAM and SAM) with medical complications. In addition to curative care, special focus is given on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices. ASHA workers are provided financial incentives of Rs. 300/- for referral to NRC and follow up of SAM children. Wage compensation is also provided to mothers of SAM children.
- Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHA worker to improve child-rearing practices and to identify sick newborn and young children in the community (6 home visits under HBNC and 5 visits under HBYC).
- Mothers' Absolute Affection (MAA) Program emphasizes on early initiation of breastfeeding and exclusive breastfeeding for first six months followed by appropriate age

complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.

- Lactation Management Centres are established to ensure availability of mother's own milk or safe, pasteurized donor human milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
- 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 National Deworming Day (NDD), Albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres to reduce worm infestation among all children (1-19 years).
- 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.
- In Vitamin A Supplementation Programme, all children age 6–59 months are administered Vitamin A dose every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.
- Mother and Child Protection (MCP) Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

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